	Danie of the Danie of the Pariety	non permit. rayes 1, 2, 3 Shound		
and the management of the model	If this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burdant-bases pages 4.9.9 and 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	100000000000000000000000000000000000000	fled at once	
	filled in by the funeral director, page 5 st	on, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once	
	y the attending physician and completely	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Injury, or other traumatic event, ti	
	After this certificate has been signed by	death with the State Dept. of Health and	s marked, or item 23 shows any	
The state of the s	THE FUNERAL DIRECTOR:	filed within 72 hours after	IMPORTANT: If Item 28 Is	

LILLIAN	HAN		2. DATE DI MONTH				TEAN TEAN			
4. SOCIAL SECURITY NUMBER 213-26-8974	5. SEX	day) IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHE Country	BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution, give str	reet and number)	58 YR	9b. CITY	, TOWN D	R LOCATIO	ON DF DE	<u>Mar 30 1</u>	7	INTY OF DE	<u>larylan</u>
Sinai Hospital	В	alt.	imor	-0						
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	CITY, TOWN (
Maryland										10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			Dal	time	ZIP CODE			10g, CIT		1 YES 2 NO
3915 Callaway A	Avenue				21	215			USA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 TON	13.	WAS DECI	ENDENT O	F HISPANI	C ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W				2 ND		, Puerto Ricen, etc.)		Specify	White, afc.
15. DECEDENT'S EDUC	ATION	18a DECEDEN	IT'S USUAL O	CLIDATIO	a)		Tank white on the			Black
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done of use retired.)	during mos	st of working	g	16b, KIND OF BU	ISINESS/IN(DUSTRY	
High School			ırse	r.pn			Keswi	ale N	Inrai	ng Home
17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	IE (First, Middle, Maiden	Sumame)	ulsi	no nome
George Hamlin					Vi	ola	Lloyd			
19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow			
Casandra Hamlin	1	390	06 Ric	dgev	pood	Ave	enue Ba	1tim	ore,	MD 212
20a. METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Remove	val from State	20b. PLACE AND DA	TE OF DISPOS	ITION (Nar	ne of		DATE 20c. LO	CATION -	City or Tow	n, Stata
4 Donation 5 Other (Specify)	NSEE	lArbutus	Memo	oria	1 P	ark	1/11 Ba	ltir	nore	Co. M
· Mar. (1	10.00		44.1	NAME AN	DADDHES	S OF FACE	Nutte	r Fu	nera	1 Homes
Diany &	Roll	no	₿ã	<u>íľŧi</u>	.mor	e, N	Falls P	arkw 21	216	
23. PAB1 I. Enter the disease, or co shock, or heart failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	NECR	on each line.	O P					iratory an	reat,	Approximeta Interval Betw Onset and Di
Sequantially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants reculting in death) LAST	RES DUE TO (1)	PIRATOR AS A CONSEQUENCE	DRY E OF):					DL.	SENS	
PART II. Other eignificant conditions	contributing to d	eath but not rasuitir	ng In tha und	derlying	cause gl	iven in P	art I. 24a. WAS AN PERFOR	RMED?	0	VERE AUTOPSY FINDR WAILABLE PRIOR TO OMPLETION OF CAUS IF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DE	ATH (Chec	k only one)			
1 YES 2 HO	28e. DATE OF II	ER/Outpatient 3 DO/	4 4 Nurs	Ing Home			Other (Specify)			
Natural 5 Pending 2 Accident Investigation	INJURY M		RY AT IK? ES 2	ND	28d. DESCRIBE HOW II					
3 Suicide	INJURY — At home, fare ic. (Specify)	, eet, 18010	·y, ornes		1	281. LOCATION (Street a City or Town, State)	ind Number	or Rural Rou	ite Number,	
3 Suicide 6 Could not be determined										
4 Homicide datarmined	AN: To the beat of m	y knowledge, death occ mination and/or investiga	urred at the tir	ne, data a	ind place, i	and due to	the cause(s) and man	ner es state	ed.	od mannas as atom

31. OJAKO TOTO 1992

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- Parking of The Park

THURST YEAR IN

Marin Low Marine

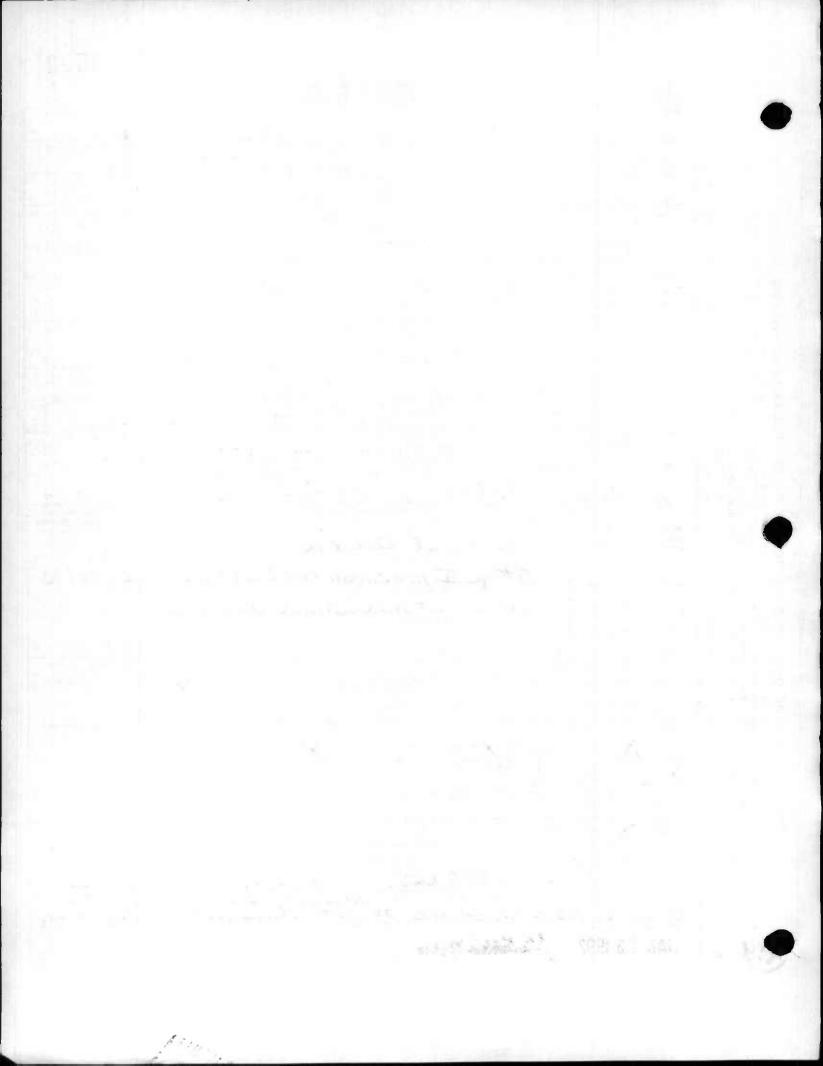
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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ISION OF VITAL RECORDS,	
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ONO	
2	

		si)							2. DAT	E OF DEATH			3. TIME OF DEATH	
	James Hender	cson							1-9-92			YEAR	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	asl birthday)	IF UNDER			R 24 HRS.	7. DATE	OF BIRTH		8. BIRTNP	PLACE (State or Foreig	
	217 12 7971	1 💢 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	MIN,	5	31/2	5	Md (
CTOR	90. FACILITY NAME (If not institution, given 607 N. Chape	l Gate	Lane		96. CITY, TOWN OR LOCATION OF DEATH Balto.						9c, COU	9c, COUNTY OF DEATN		
RECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10c. CITY, TOWN OR LOCATION										
뜸	Ma.												10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	10a. STREET AND NUMBER 607 Chapel G	ate Lane	9			10	2122		10g. CITIZEN OI					
BY FUN	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED		If yes, sp	CENDENT (secify Cubi 2 1 NO	in, Mexica	in, Puerlo	N? (Specify Y Ricen, atc.)	ee or No—	14. RACE - Black, Specify		
	15. DECEDENT'S E	DUCATION	16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF B	USINESS/IN		ack	
<u>u</u>	(Specify only highest gra-	College (1-4 or 5		Give kind of w le. Do NOT us	vork done (se retired.)	during mo	ost of working	ng			00111200/1111	00311()		
COMPL				aker						Foo	Ъс			
8	17. FATNER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First,	Middle, Melds				
H	Gardner Hend	erson					Ве	essi	e S	amp1	9			
2	190. INFORMANT'S NAME (Type/Print) Rita Silve	r	11	Db. MAILING	ADDRESS	(Street	and Number	or Rural I	Poute Nun	ber, City or To	wn, Stete, Zie	Code)	01000	
	200: METHOD OF DISPOSITION				-			ace	_				21229	
	1 Buriel 2 Cremation 3 Re	emoval from State	cemetery, cr	and date of the da	har place	i a l	me of	ماد	OAT		OCATION -			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1/41	ig Me			P A I			13 Ba	arto.	, Mo	1.	
		1 1	1							& Sc	ons			
\rightarrow	James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate													
- 1		DUE TO	(DR AS A CONSE	OUENCE OF	ee	eX,	10							
RTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet infiltated events resulting in death) LAST	a. Cle DUE TO DUE TO C. Rece OUE TO	O (DR AS A CONSE	OUENCE OF	-SM	nall ias	ce fine	II l	ung	Car	Cino	ma	12/9	
EDICAL CERTIFICATION	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	d								24s. WAS A	N AUTOPSY PRMED?	24b. W	VERE AUTOPSY FINDI	
MEDICAL	if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d								24s. WAS A	N AUTOPSY PRMED?	24b. W	VERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS	
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SICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	d	daeth but not	resulting in	n the un	deriying 26. PL	g ceuse g	given in	Part i.	24a. WAS A PERFO	N AUTOPSY PRMED?	24b. W	VERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the hospino TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		CERTIFI	CALE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle,		C. Jensen	72		2. DATE OF DEAT	DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER $315 - 22 - 69$	6. SEX 6.	AGE (In yrs. last birthday)	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea			LACE (State or Foreign
9a. FACILITY NAME (If not institution Stella V RESIDENCE OF DECEDE	naris H	ospice	9b. CITY, TOWN C	OR LOCATION OF DE	Md Md	9c. COUP	BC	eto Co
	COUNTY		town or Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI		IAT COUNTRY?
3505 Woodring 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 XNO	If yes, sp	21,234 ENDENT OF HISPAN ecity Cuban, Mexicar 2 XNO Specify.	n, Puarto Rican, etc		U . S 14. RACE - Black, Specify	- American Indian, White, etc.
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo		11 100000000000000000000000000000000000	BUSINESS/IND te of N		
10 yrs.	Conege (1-4 or 5+)	Accoun	tant					Men. Hygi
17. FATHER'S NAME (First, Middle, L				the second second second	ME (First, Middle, Ma	iden Surname)		
Joseph L. Cro			1000000	Emma A.				
Herman H. Jer				nd Number or Rural R				21234
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	(Name	DATE 200	LOCATION -	City or Tow	rn, Stata
I X Buriel 2 ☐ Cremation 3 ☐ I ☐ Donation 6 ☐ Other (Specif)		Dulaney Va	lley Me			2 Luthe	ervil	le, Mary
	77							
John G. Re	eitz John S	Responses the deeth. Do no	Mit 650		edefeld d. Balti	more, M		Approximate
John G. Re	eitz es, or complications that cellure Last only one cause DUE TO (of	eused the deeth. Do no on each line. R AS A CONSEQUENCE OF	Mit 650 ot enter the mo	chell-Wie O York Ro	edefeld d. Balti	more, M		Approximate Interval Between
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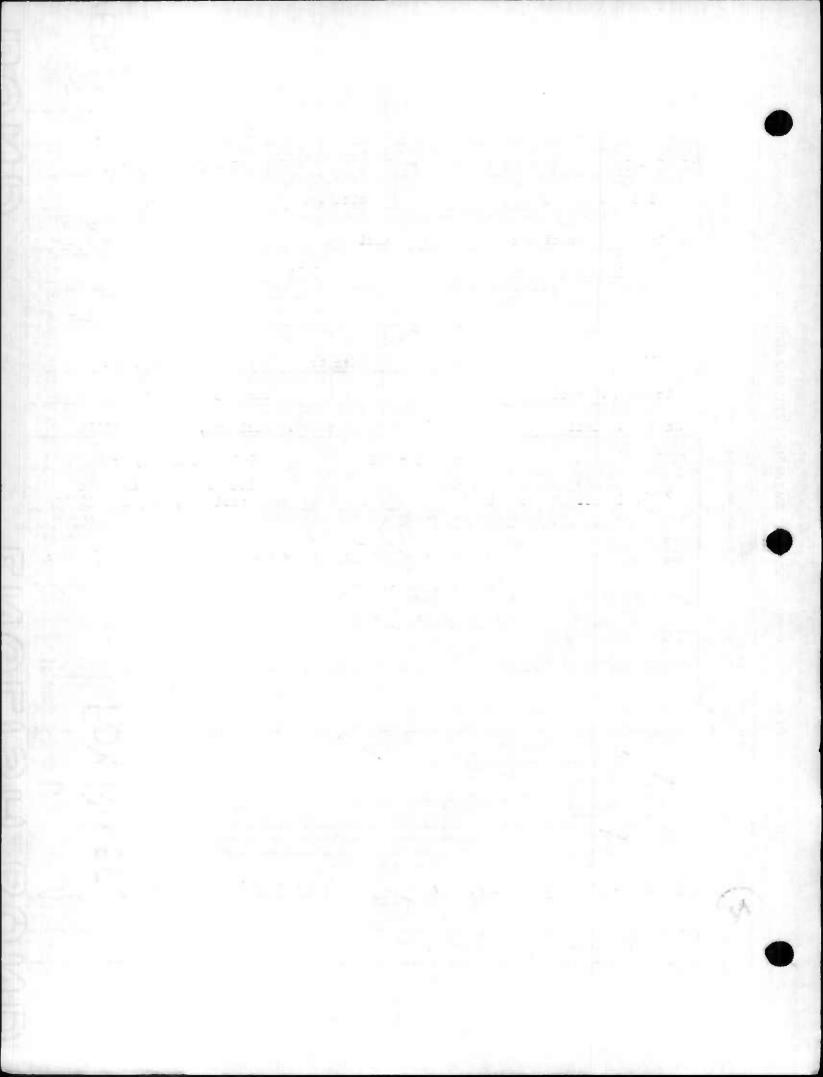
HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

**ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

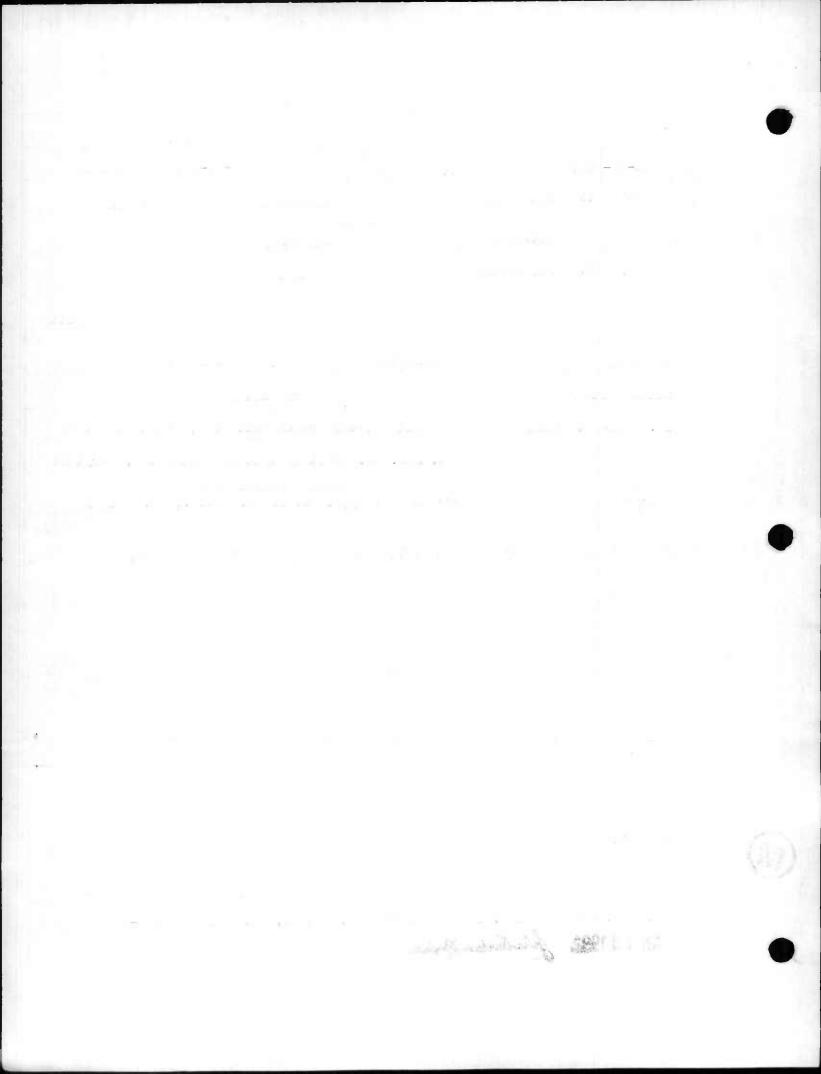
1. DECEDENT'S NAME (First MARY MARGA						2. DATE OF DEATH MONTH 12 92			3. TIME OF DEATH 12:16P				
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In vr	s. last birthday)	IF UNDER	1 VEAR	IE LINDE	R 24 HRS.	7. DATE OF BIRTI			8. BIRTNPLACE (State or Foreign	
215-10-6199		1 🗆 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	7-18-0	5	Maryland		
9a. FACILITY NAME (If not in							OR LOCAT		EATH	9c. CO	UNTY OF		
Meridian I		reen			Ва	alti	more				N/A		
10a. STATE	10b. COUNTY			77.5	Y, TOWN							10d. INSIDE CITY LIMITS?	
Maryland	L				Balti							1 X YES 9. 11 NO	
10e. STREET AND NUMBER						10	f. ZIP COL			10g. C		WNAT COUNTRY?	
6308 Holly	Lane	12. WAS DECEDE	AT THE MILL	21212						W W .	USA	E — American Indian.	
1XXIVer Married 2 3 Wildowed 4 Dive		FORCES?	1 YES 2	K Z NO		If yes, sp	ecity Cub	en, Mexico	NIC ORIGIN? (Speci an, Puarto Rican, et ly:	.)	Bian	ck, White, etc.	
15. DEC	CEDENT'S EDUC	CATION	166	a. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND O	F BUSINESS/II	NDUSTRY	111200	
Elementary/Secondary (College (t-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	ounng mo	OSE OF WORK	ing					
12			1.5		Book	kkee	per			Arunde	1 Co	rp.	
17. FATHER'S NAME (First, A							18. MOT	THER'S N	AME (First, Middle, M)		
Richard J		.rıg		401	10000	0.00			Butl		71- 0- 11		
James G. K	Ceating			313 W	odbo	ourn	e Av		Acute Number, City of altimore	, Mary	land		
20a METHOD OF DISPOSIT 1/ Burtal 2 Cremati 4 Donation 5 Other		oval from State	206. PL of cem New	etary, cremator	e of bise	POSITION place)	(Name			altimo	-	own, State Maryland	
21. SIGNATURE OF FUNERU	1XXIP	n Xenak	nak	M0064			ND ADDR		Mitchel			d Home and 21212	
Sequentially list condi if any, iseding to immi cause. Enter UNDERLY CAUSE (Disease or inj that initiated events													
PART ii. Other signific		a contributing to	o death but	not reaulting	In the u	ndarlyir	ng cause	given ir		AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO	
									1 🗆 Y	ES 2 19 NO		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL					28.4	ACE OF	DEATH (C	heck only one)				
EXAMINER?	TO MEDICILE	HOSPITAL:	☐ EB/Outnette	am 3 🗆 DOA	ОТНЕ	#1:			8 Other (Specific	el.			
27. MANNER OF DEATH 1 Natural 5	Pending Investigation	28a. DATE O		28b. Til		28c. IN	JURY AT ORK? YES 2		28d. DESCRIBE		OCCURED		
2 Accident 3 Suicide 5 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — g, etc. (Specify)	At home, farm,	street, fac	ctory, offi	ce		281. LOCATION (S City or Town,		ber or Rura	Poute Number,	
one)									e to the cause(s) are time, date and pla			(a) and manner as stated.	
296 SIGNATURE AND TITL	E OF CERTIFIE	1					-	CENSE NU		29d. D	ATE SIGNE	D (Morth Dey, Year)	
Georg	DI. A	Jelm	mo	mi	>		D	22	325	•	111	3142	
30. NAME AND ADDRESS	OF PERSON WN	O COMPLETED CA	USE OF DEATH	1 (ITEM 21) (Typ	e, Print)						,		
31. DATE FILED (MONTH, DO)	3"1992	32 MEGISTA	Have Signatu	Mandel	2	_							



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH M. MARGARET YEAR KLEIN 1992 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-50-0087 1 - M 2 -F HOURS Maryland YRS 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4007 Putty Hill Avenue DIRECTOR Fullerton Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Fullerton 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4007 Putty Hill Avenue 21236 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ZYNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES ZXXNO BY Specify ¥ Widowed 4 ☐ Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 8th grade Homemaking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Fitch Eva Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Doris M. Hauer 4112 Slater Avenue Baltimore, Maryland 21236 20a. METHOD OF DISPOSITION
17 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION - City or Town, State cemetery, crematory or othe 'Ch'. Cemetery 1/11/92 Fullerton, Maryland 22. NAME AND ADDRESS OF FACILITY
Lassahn Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassehol Luxur Jem & 7401 Belair Rd. Balto., Md. 21236 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart feliura. List only one cause on each lina. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition . arlenoscleratic artery deserve resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF). if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputiant 2 | ER/Outputlant 3 | DOA OTHER: 1 TES 2 NO ng Home 5 Residence 8 Other (Specify) 4 🗌 Nure 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) and menner ee atsted. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE, AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Konschurlynina (4 1-9-92 12102 2 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Marian C. Kowalewski M.D. 8604 Harford Rd. Balto., Md. 21234

JOY REGISTRAP'S SIGNATURE



permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

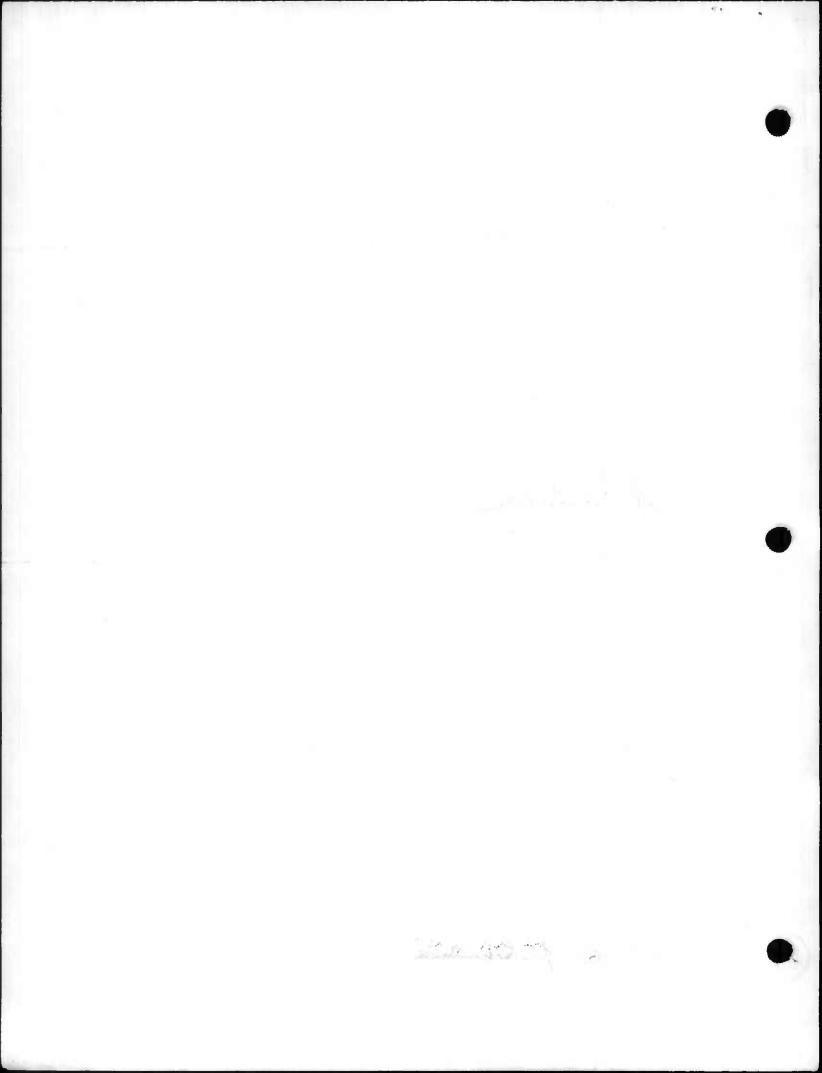
										92	0	0506
	1 - FOR STATE REGISTRAR	STATE OF I					DEA		MENTAL HYGIE REG. N			
i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
1	Paul Patey Little	ton							January	5, 1	992	6:20 p
	4. SOCIAL SECURITY NUMBER 214 16 4102	5. SEX 1 X M 2 T F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 19,	1913	Count	
ı	Sa. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	TOWN	OR LOCAT	ON OF DE	EATH	9c. COL	INTY OF E	DEATH
	6823 Libertytown	Road			Be	rlin				Wor	cest	er
1	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCA	TION					10d. INSIDE CITY
1	Md Worce	ester		Be	rlin							1 TYES 2 XN
ı	10a. STREET AND NUMBER					10	1. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
	6823 Libertytown	Road				2	1811			US	A	
	11, MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARI			If yes, sp		n, Mexica	NIC ORIGIN? (Specify) in, Puerlo Rican, etc.)	fee or No—		E — American Indien k, White, etc.

	Paul Patey Little	eton						January	5, 19	92	6:20 p		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP	LACE (State or Foreign		
	214 16 4102	1 💢 M 2 🗌 F	78	YRS.	MONTHS	DATS HOURS	min.	Feb. 19,		Md			
_	Sa. FACILITY NAME (If not institution, give				9b. CITY, 1	OWN OR LOCA	TION OF DI	EATH	9c. COUN	TY OF DE	ATH		
DIRECTOR	6823 Libertytow	n Road			Berlin Worcester								
띭	10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?			
ā	Md Word	cester		Be	rlin						1 YES 2 XNO		
FUNERAL	10e. STREET AND NUMBER					HAT COUNTRY?							
岁	6823 Libertytow					2181			USA				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T YES 2	ARMED	16	yes, specify Cui	ben, Mexics	NIC ORIGIN? (Specify in, Puerlo Rican, etc.)	Yee or No-		American Indien, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 [YES 2 XN	O Specif	y:		Whit			
COMPLETED	15. DECEDENT'S ED (Specify only highest gra	UCATION de completed)	16a.	DECEDENT'S	USUAL OCC	CUPATION ring most of wor	ldna	16b. KINO OF I	BUSINESS/IND	USTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 6		Ille. Do NOT u	se retired.)			Fa					
₹	7 17. FATHER'S NAME (First, Middle, Last)		Fa	armer	& PO	ultry g		er Farm					
	Sewell Henry Li	ttleton						e Patey	en Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	ttietoii	T	19b. MAILING	ADDRESS (Route Number, City or	Town, State, Zip	Code)			
임	Lona Littleton							d, Berlin	11		811		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ra	mauni fann State	20b. PLA			e of cemetery, cr			LOCATION —				
	4 Donation 5 Other (Specify)	mover from State	_ Mt.	Pleas				emetery_	Powel	lville	Md.		
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE				AME AND ADDR		neral Hom	ne 10s	R Wil	liams St		
	1 Six 6	Burtaso						21811	<i>ie</i> , 100	J 1111	nams St.		
	23. PART L. Enter the disease, o ahock, or heart felium	r complications the	at ceueed the	deeth. Do	not enter t	he mode of c	lying, aud	ch ee cerdiec or re	spiratory err	eet,	Approximata Interval Between		
	IMMEDIATE CAUSE (Fine)	z. Elst Olly Wilde	A A	1			1				Onset and Death		
	disease or condition resulting in death)	a	ardiv	pulm	men	- an	est						
		DUE TO	O (OR AS A CON	L L	AF):	- 4		Lta			100		
CERTIFICATION	disease or condition a. Cardin pulming arest DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
AT	If any, leading to immediate ceuse. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CON	SEOUENCE (F):								
E	resulting in death) LAST	d											
	PART il. Other aignificent conditi	ons contributing to	o deeth but n	ot resulting	in the und	erlying ceus	e given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
MEDICAL								- 10.535	FORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
밀											1 YES 2 NO		
ä								_					
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLACE OF	OEATH (C	heck only one)					
YSICI	1 YES 2 NO	1 inpatient 2		-	4 🗆 Nursi	ng Home		e ☐ Other (Speally)					
PHY	27. MANNER OF DEATH 1 ☑Natural 5 ☐ Pending	26e. DATE O (Month,	Day, Year)	26b. Ti	ME OF	28c. INJURY AT WORK?		28d, OEŞCRIBE HO	d. OEȘCRIBE HOW INJURY OCCURED				
ВУ	2 Accident Investigation								eet and Number	or Rural A	loute Number		
ED	3 Suicide 6 Could not t 4 Homicide datermined	building	g, atc. (Specify)			1.501		City or Town, St					
LET	29a. CERTIFIER CERTIFYING PH	YSICIAN: To the best of	of my knowledge	death occur	red at the tir	ne date and nic	ee and du	e to the cause(s) and	manner ee ele	ted			
OMPL	(Critick brilly) end manner ee stated.		
O	29b. SIGNATURE AND TITLE OF CERTIF			7 7 6		-	ICENSE NU				(Month, Day, Year)		
BE	Hadonle	mA	m					4976	>	1/8/	72		
2	30. NAME AND ADDRESS OF PERSON	WHO COMBI ETED CA	USE OF OFATH	//TEM 273 /K-	a Delect	-	10			1-1	-		

2 MEDICAL EXAMINEN: On the pasts of examination end/or investigation, in my	opinion, delith occured at the time, date and plac	e, and due to the cause(e) end manner ee stated
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED/(Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE STREET, COLONO, CARLO STREET, THE COLON STREET, CARLO
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	1. DECEDENT'S NAME (First, Middle, L	Last)	CLRIII		DEATH	2. DATE OF DEAT		
		Edgar Lewis	LAYTON			January	8, 199	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER 226-18-2453	1- M 2 D F 8	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 10-7-0	н	BIRTHPLACE (State of For Country) Virginia
ECTOR	90. FACILITY NAME (If not institution, of Franklin Square RESIDENCE OF DECEDENT	e Hospital		PE. CITY, TOWN	or location of d	EATH	9c. COUNT Balti	MOLG MOLG
OH	100. STATE 10b. CO Maryland		10c. CITY	TOWN OR LOCAL	timore C	ity		10d. INSIDE CITY LIMITS? X 1 X YES 2
ERAL	100. STREET AND NUMBER 4336 Glenmore A	wenne		10	1. ZIP CODE 21206		10g. CITIZI	EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specifien, Puerto Rican, etc	y Yes or No—	4. RACE — American India Black, White, etc.
ETED E	15. DECEDENT'S (Specify only highest g	grade completed)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON ost of working	16b. KIND O	F BUSINESS/INOU	Whit
COMPLI	5th grade	College (1-4 or 5+)		enance			in Mari	etta
ш	17. FATHER'S NAME (First, Middle, Lest) John Frankl					ME (First, Middle, Me Layton	alden Surneme)	
TO B	190. INFORMANT'S NAME (Type/Print) Donald Layt	on	196, MAILING A 4336	Glenmo	nd Number or Rural	Aoute Number, City of e 21206	Town, State, Zip C	Pode)
	20e. METHOD OF DISPOSITION 1	Removal from State	DE PLACE AND DATE OF	disposition (Na		OATE 200	alto., I	ty or Town, State
	21. SIGNATURE OF BUNERAL SERVICE	December >	Vom 5	22. NAME AN	Sann Fun	eral Hom Rd. Bal	e	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events	e. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	:				tt, Approximi
S	PART II. Other significent condi	dtions contributing to death	but not resulting in	the underlying	g causa given in	Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FII
: MEDICAL						1 🗆 YE	S 2 X NO	AMARLABLE PRIOR 1 COMPLETION OF C DF DEATH? 1 YES 2 N
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)	S 2 💢 NO	COMPLETION OF C DF DEATH?
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		tpetient 3 DOA 28b. TIME	26. PL OTHER: I Nursing Homo OF 28c. INJI	• 5 🗆 Residence			COMPLETION OF C DF DEATH? 1 YES 2 N
D BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the could not be coul	PLOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) be 28b. PLACE OF INJURY building, stc. (Sp.	28b. TIME	26. PL OTHER: Nursing Home OF 28c, INJ RY WO 1 U Y	• 5 Residence URY AT RK? /ES 2 NO	sck only one) 8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCUI	COMPLETION OF C DF DEATH? 1 YES 2 N
ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not determined. 29e. CERTIFIER (Check only)	POSPITAL: 1 Inpatient 2 ER/OU 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Sp.	28b. TIME 28b. TIME INJUI Y — At home, ferm, str	26. PL DTHER: Nursing Hom OF 28c. INJ! WO 1 Y eet, factory, office	e 5 Residence URY AT RK7 (ES 2 NO	B Cher (Specify) 28d. DESCRIBE Ho 28f. LOCATION (St. City or Town, S	DW INJURY OCCUI	COMPLETION OF CODE DEATH? 1 YES 2 N
D BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not determined. 29e. CERTIFIER (Check only)	PLOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJUR be building, atc. (Sp. 17SICIAN: To the best of my known with the series of examination of the basis of e	28b. TIME 28b. TIME INJUI Y — At home, ferm, str	26. PL DTHER: Nursing Hom OF 28c. INJ! WO 1 Y eet, factory, office	e 5 Residence URY AT RK7 (ES 2 NO	281. LOCATION (Standard Form, Standard Form, Standa	ow INJURY OCCUI	COMPLETION OF CODE DEATH? 1 YES 2 N

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TO THE FUNERAL DIRECTIONS After this certificate be an equires that the death certificate be executed within an order of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 MVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
ist)	7 101	iitin	2. DATE OF	F OEATH DAY

1 runce	es I. Levit	tin				Jan	uary 7,	1992	3:45 A.
4. SOCIAL SECURITY NUMBER 578-10-4890	1 □ M 2XXF	AGE (In yrs. lest i		F UNDER 1 YEA ONTHS DAY		Sep.	OF BIRTH	908 8. BIRT	THPLACE (State or Foreign ntry) USSÍA
98. FACILITY NAME (If not institution, give 815 Gist Avenue RESIDENCE OF DECEDENT	street and number)		9	Silve	n on Location of It Spring	DEATH	1	Montgo	
10e. STATE 10b. COUN	rtgomery		10c. CITY, TOWN OR LOCATION SILVER Spring				10d. INSIDE CLIMITS?		
815 Gist Avenue					20910			U. S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 F YES, GIVE WAR	YES 2 NO	ED)	If yes,	DECENDENT OF HISE apecify Cuban, Mexi (ES 2 NO Spe	can, Puerto	N? (Specify Yea or Rican, etc.)	Bla	CE — American Indian, ick, White, etc.
15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)		(Glv	o kind of wor	BUAL OCCUP to done during retired.) NT Dep	ATION most of working		Hecht C		
17. FATHER'S NAME (First, Middle, Last) Abraham Leviti	n				16. MOTHER'S	a Sún	Middle, Meiden Su 10 NOWS RY	rmame) {	
190. INFORMANT'S NAME (Typo/Print) Shirley P. Brou	wn	19b. 80	MAILING À	oppess sy	ot and Number of Aur ICE, ALEX	al Route, Num andru	a, Ving	State, Zio Code)	22302
20s. METHOO OF OISPOSITION 1 Surial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE O other place KLNG	Poisposit	d Memo	comotory, crometory of	den	Falls	S Churci	Town, State h, Virgini
11. SIGNATURE OF FUNERAL SERVICE L	CICENSEE	Teme	دطمه	STEI	AND ADDRESS OF V HEBREW	MEMOR	RIAL FUN	NERAL H	OME, INC. NGTON, D.
resulting in death)	a. OUE TO (O	OR AS A CONSECU		enco	entre (are	lung		18/m
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	b	OR AS A CONSECUTOR AS A CONSEC	UENCE OF): UENCE OF):	hner	eale (an	(nema		18/m
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00,	TO THE HOSPITAL OR ATTENDING PAYSICAN. The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTURE AND COMPLETE THE DEED SIGNED BY the attending physician and completely filled in by the	cremat	IMPORTANT: If Item 24 is the part of Item 21 shows any Injury, or other traumatic event, the medical
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Elementary/Secondary (0-12) College (1-4 or 5+) Beautician To Father's Name (First, Middle, Lest) William T. Isabell 199. INFORMANT'S NAME (Type/Print) Clarev 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 17. Sether's Name (Type/Print) Clarence Lambson 17. Sether's Name (First, Middle, Melden Surname) Carev 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 17. Sether's Name (Type/Print) Clarence Lambson 17. Sether's Name (First, Middle, Melden Surname) Clarev 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Sether's Name (First, Middle, Melden Surname) 199. Mailing Address of Surname (Stelle, Zip Code) 17. Set	MD 21216
William T. Isabell Carey	MD 21216
William T. Isabell 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 1725 N. Bentalou St. Baltimore, Name (Type/Print) 200. METHOD OF DISPOSITION 1	MD 21216
William T. Isabell 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 1725 N. Bentalou St. Baltimore, Name (Type/Print) 200. METHOD OF DISPOSITION 1	State MT)
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stells, Zip Code) Clarence Lambson 20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 25. N. Bentalou St. Baltimore, Marked Commenter, Crematory or other place) Arbutus Memorial Park 1/7 Baltimore Companies of Facility Nutter Funeral Facility Parkway Baltimore, MD 21216 23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one cause on each lina. IMMEDIATE CAUSE (Final diseese or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):	State MT)
Clarence Lambson 1725 N. Bentalou St. Baltimore. 20a, METHOO OF DISPOSITION 1 M Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Arbutus Memorial Park 1/7 Baltimore Company or other place of Company or oth	State MT)
20s. METHOO OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of amelery, crematory or other place) Arbutus Memorial Park 1/7 Baltimore Companies of Facility Nutter Funeral Facility Parkway 23. PART I. Enter the diseases, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):	State MT)
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IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. METASTATIC LUNC CARCINOMA OUE TO (OR AS A CONSEQUENCE OF):	
disease or condition	Approximate interval Between
OUE TO (OR AS A CONSEQUENCE OF):	Onset and Death
Sequentially list conditions, oue to (or as a consequence of):	
S cause. Enter UNDERLYING	
CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d	
PERFORMED? AMAIL	E AUTOPSY FINDINGS LABLE PRIOR TO
	PLETION OF CAUSE DEATH?
1 -	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 25 BLACE OF DEATH CONTRACTOR	
EXAMINER? HOSPITAL: OTHER:	
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) TOS PCE 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIPE HOW INJURY OF DEATH 28d. DESC	
1 Metural 5 Pending (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)	
2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route A	
City or Town, State)	
JAG CENTIFIEN , CONTINUE PARTY CONTI	Number,
CERTIFIER CENTIFIER	Number,
and the cause/a) are cause/a) and the cause/a) and the cause/a) are cause/a)	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month	menner se stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (World)	menner se stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (Month	menner se stated.

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, La Kierra Laster	st)				2. DATE MONTI	OF DEATH	v ve	RA	TIME OF DEATH
I. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	of BIRTH h, Day, Year) -4-91		Country)	ACE (State or Foreign
e. FACILITY NAME (If not institution, gi	ve street and number)	9	L CITY, TOWN C	R LOCATION OF D	EATH		9c. COUNTY		
Sinai Hospital	of Baltimore	В	altimon	ce City					
ARYLAND			TIMORE	ION		· · · · · · · · · · · · · · · · · · ·			d. INSIDE CITY
De. STREET AND NUMBER		DAL		ZIP CODE			10a. CITIZEN		YES 2 NO
3401 PATON AVEN	UE		1 22	21215				. OF	
I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPA scify Cuban, Maxic 2 MLNO Speci	an, Puarto			RACE -	American Indian, rhita, etc. BLACK
15. DECEDENT'S 8 (Specify only highest gr	EDUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo		16b	KIND OF BUS	SINESS/INDUST	TRY	
XXXXXXX	XXXXXXXX	XXX	XXXXX			XXXX	XXXXX		
7. FATHER'S NAME (First, Middle, Last) CHARLES LA	STER			18. MOTHER'S NA		Middle, Malden			
MRS . YVONNE	LASTER		PATON A	nd Number or Rural VENUE B			n, State, Zip Cod ARYLANI		215
Burial 2 Cremation 3 F Donation 5 Other (Specify)	lemoval from State	BUTUS MEN	ORIAL I	PARK 1/1	-	1000	CATION — City FIMORE		BALTO.CO
SIGNATURE OF FUNDMAL SERVICE	721	nu	LEWIS	T. GWY	NN F				15-6393 MARYLAN
3. PART I. Enter the diseases, shock, or heart fallu MMEDIATE CAUSE (Final isease or condition beuiting in death)	s. Cardiopulm	ech line.	est	de of dying, su	ch ee cen	dlec or resp	ratory srreat	9	Approximate Interval Betwee Onset and Dec 35 minut
equentially list conditions,	Tracheobro		cia						5 months
f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	c. Extreme pr	ematurity A CONSEQUENCE OF):							8 months
PART II. Other significent condi	tiona contributing to deeth b	out not resulting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	A C	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
5. WAS CASE REFERRED TO MEDICA			26. P	LACE OF DEATH (C	heck only o	ne)			
EXAMINER?	HOSPITAL: 1 Sympetient 2 ER/Out		OTHER: Nursing Hor	ne 5 🗆 Rasidenca	6 🗆 Oth	er (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigati	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WO	URY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW	NJURY OCCUR	IED	
3 Suicide 6 Could not determine		Y — At home, farm, str loffy)	reet, factory, offic	ca	28f. LOC City	CATION (Street or Town, State)	and Number or	Rural Rou	te Number,
CONSTRUCTION OF THE PROPERTY O	HYSICIAN: To the best of my know							ause(a) a	nd menner as stated.
9b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU					fonth, Day, Year)
Karpless 1	Altream	mes			ALL S			7-92	
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type. F	Print)	D-2375		imore,		2121	
Kathleen Steven									
JAN 1 0 1992	July Davidson-No		. OL Dai	- omiore	2-1UI	n. De.	- A EGET	_ ^ ^	

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PHYSAI BROWN LASTIN

SETTLY BENGAA

- MADE PATOS AVENUE BALTINOSE, SANTAS DE 21215

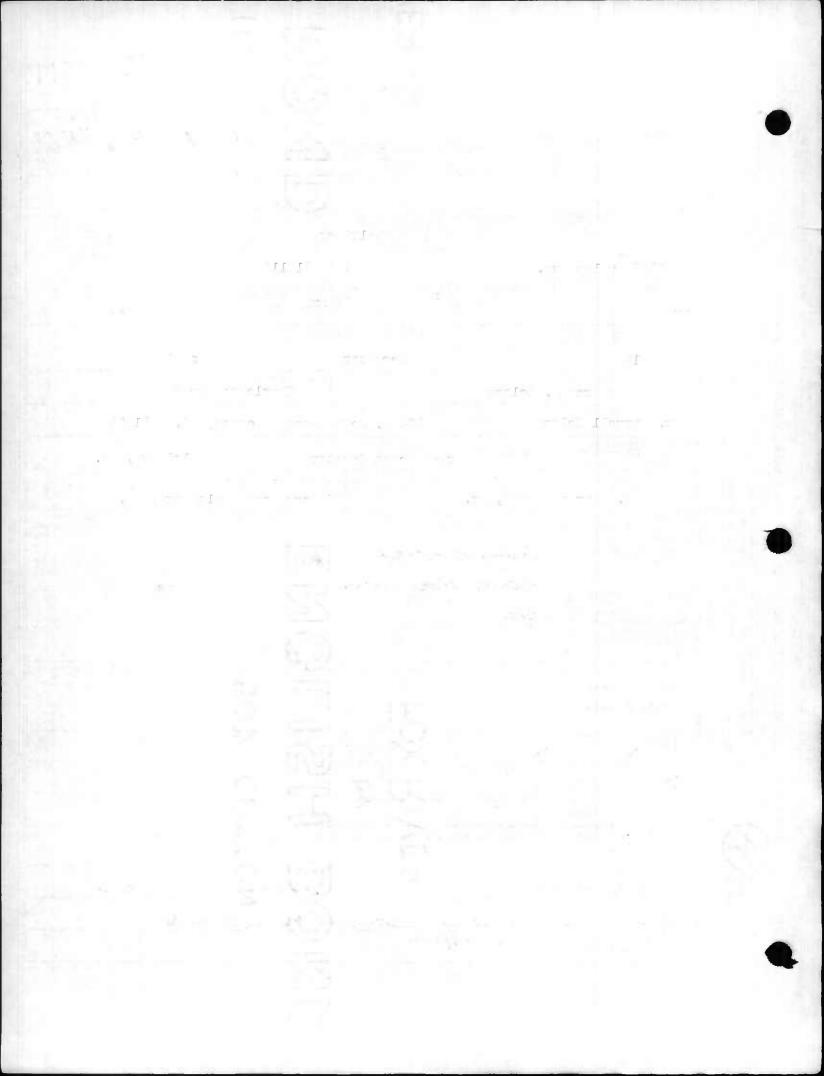
ARBITUS MEMORIAL PARK 1/10/92 DALITINAL, MA. DALIO CO.

LEWIS T. OWORD PLOTENTS TOWN STOLENBURG CONTRACT PART PART IN STRUCTURE AVE. NATURATIONS, 1085-1100-1

BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	The second secon
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may be retained by the hospital or attending physician.	Annual TUR: After this certificate has been signed by the attending physician and completely fill the state has state had not of Health and Mental Hyrians note to harial cremation.	of death made to care dept. Or read and made to the second of the second

TO THE TO THE Be filed

	1. DECEDENT'S NAME (First, Middle, Las	10							2 DATE	OF DEATH			3 TIME	OF DEATH
	MYRICE MC								MONT		DAY 9	92	3. 11	3:30 A
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER	1	IF UNDER		7. DATE	OF BIRTH	/	8. BIR	THPLACE (State or Foreign
1	215-05-0393	1 🗆 M 2 🗗 🗲	85	YRS.	MONTHS	DAYS	HOURS	MIN.	7	7 O		000	intry)	0
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY	r, TOWN O	OR LOCATI	ON OF DE	ATH	7	_	JNTY OF	DEATH	
DINEGION	ST JOSEPH RESIDENCE OF DECEDENT	HOSD: TAC			To	wso.	n	MA			BA	41+	more	_
	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			L son Cr	TY, TOWN								T 404 194	SIDE CITY
1	MD			100.01		Ltimo							LIE	WITS?
	10s. STREET AND NUMBER						. ZIP COD		_		10a, CIT	TIZEN OF	F WHAT CO	
1	3205 Dudley A	Ave.						213				USA		
	11. MARITAL STATUS	12. WAS DECEDER			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	i? (Specify	Yes or No-	14. RA	CE Ame	rican Indian,
DI I GINERAL	1 Never Married 2 Married		YES 2 X	NO		If yes, spe	ecify Cuba	n, Mexica Specify	n, Puarto I /:	Rican, etc.)		Sp	ack, White, ecity:	etc.
	3 Widowed 4 Divorced											Wi	nite	
COMPLETICE	15. DECEDENT'S E (Specify only highest gra		16a. C	Give kind of the Do NOT of	work done	during mo	ON ast of worldi	ng	16b	KIND OF	BUSINESS/IN	IDUSTRY	,	
	Elementary/Secondary (0-12)	College (1-4 or 5	+) "		ecre					В	ankin	2		
	17. FATHER'S NAME (First, Middle, Last)					- J	18. MOT	HER'S NA	ME (First		ton Surname)			
		J. Colton	1				mor			ta Fr				
	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILIN	G ADDRES	S (Street a	Ind Number	or Rurai I	Poute Num	ber, City or	Town, State, Zi	(ip Code)		
	Mr. Carroll Col	Lton			E. 3					son,		212	204	
	20m. METHOD OF DISPOSITION	and the same		E AND DAT					DAT	E 20c.	LOCATION -	- City or	Town, State	
	1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	emoval from State	Gree	n Mo	unt the	Cemet	tery			В	altim	ore,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	1	22.	NAME AN	ND ADDRE	SS OF FA	CILITY					
	DV MII CL.			1		MITT	оцет т	TITE	וים יו חי	ם חדי	OME	TNC		
	23. PART I. Enter the diseases, cahook, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)		use on each li	ne.		6500	O You	k Ro	EDEFI ad	Balt	OME, imore	, Mc	A.	pproximate sterval Betwe set and De
	23. PART i. Enter the diseases, a shock, or heert fellur immediate cause (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. CARDIA DUE TO DUE TO C.	C DYSEN O (OR AS A CONS O (OR AS A CONS	NYTHM BEOUENCE (PAST (BEQUENCE (DEFI: CANE OFFI:	6500 r the mo	O You	k Ro	EDEFI ad	Balt	imore	, Mc	A.	iterval Betw
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	23. PART I. Enter the diseases, a shock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inhitated events resulting in death) LAST PART II. Other algnificent condit CAUSE (Disease or injury that inhitated events resulting in death) LAST PART II. Other algnificent condit CAUSE (Disease or injury that inhitated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigatic dearmined 2 Accident dearmined 2 Accident dearmined 29a. CERTIFIER (Check only)	a. CAROIA a. CAROIA DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, on be be be beliefing to be beliefer) IVSICIAN: To the best of linear.	Use on eech tile C DYS RA O (OR AS A CONS O (OR AS A C	DOA 26b. TI	OF): OTHE 4 Numer of Livery M. Astroct, feet	est. r the mo r the mo set. 28. Pt raing Horn 28. INJ tory, office	g cause g cause LACE OF I DIURY AT DRK? a and place death occu-	given in DEATH (Cheeldence NO	Part I. Part I. 28f. LOCCHY to the cast time, det.	24a. WAS PERI 1 YES PERIBE HO CATION (Str. or Fown, Struse(a) and	AN AUTOPSY FORMED? 3 2 No w injury or menner as st., and due to 29d. DA	MCCCURED	24b. WERE A AMALAI COMPLET DE DEA 1 YI	AUTOPSY FINDIBLE PRIOR TO ETION DF CAUSTITY? ES 2 NO
	23. PART I. Enter the diseases, a shock, or heert fellur immediate cause or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions	a. CAROJA a. CAROJA DUE TO b. DUE TO d. DUE TO d. JOSPITAL: 1 X Inpatient 2 28e. PLACE building INVSICIAN: To the best of the basis of the ba	Use on eech tile C DYS RM D (OR AS A CONS D (PAST (DEQUENCE (DEQU	OF): OTHE 4 Number of Lyury M, street, fed	est. r the mo r the mo set. 28. Pt raing Horn 28. INJ tory, office	g cause g cause LACE OF I DIURY AT DRK? yes 2 [and place death occu-	given in	Part I. Part I. 28f. LOCCHY to the cast time, det.	24a. WAS PERI 1 YES PERIBE HO CATION (Str. or Fown, Struse(a) and	AN AUTOPSY FORMED? 3 2 No w injury or menner as st., and due to 29d. DA	MCCCURED	24b. WERE A ANALAI COMPLETED FOR DEA	AUTOPSY FINDI BLE PRIOR TO ETION DF CAUS ITH? ES 2 NO



BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO),	
	1. DECEOENT'S NAME (First, Middle, Less	"Calvery	M	UTG.	110011	2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	MERY IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	+ 9) 8. BIR	THPLACE (State or Foreign
	220-50-0404	1 FM 2 F	4 d YAS.	ONTHS DAYS	HOURS MIN.	02 01	49	MD.
	90. FACILITY NAME (If not institution, give Francis Scott	Key Med.	Ctr.	2 1	More.	EATH	9c. COUNTY OF	DEATH
TEO!OH	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY
L Dine	110		Bh	LTIM	ORE	·		1 PYES 2 NO
	1505. Lest	ER MORTE	ON CT.	101	ZIP CODE	205	10g. CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ABMED 2 NO DATES	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yeon, Puerto Rican, etc.) y:	Bit	CE — American Indian, ack, White, etc.
	15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S U	rk done durina ma	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Inte. Do NOT use	retired.) DRCR.				
	17. FATHER'S NAME (First, Middle, Last)	2 00-		,	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
	190. INFORMANT'S NAME (Type/Print)	. //CNT	TOMERY	DODESS (Street o	MAR	Route Number, City or Tow	EEN	
2	MARY G. MONT	Gamery	150	L	ESTER 1	MEETAN C	22 17	4TO. MO 21.
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rec		b. PLACE AND DATE OF metery, cremetory or other		me of	OATE 20c. LC	CATION — City or	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	RBUTUS	1	ID ADDRESS OF FA	CILITY /	KBUTUS,	MD.
	+ BETTS FINE	real Hour		1120	11 13	With ST	R.	T. 200 3
	23. PART i. Enter the diaeases, or	complications that cause	d the death. Do no	t enter the mo	de of dying, suc	h as cardiac or reap	Iratory arrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	each line.	f Live				interval Betw Onset and Do
2	Sequentially list conditions,	e Eth	anol A	buse				
CALICIA	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
NIII.	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):					
E L	reaulting in death) LAST	d						
CAL	PART II. Other significant condition			the Underlying	cause given in	Part I. 24a, WAS AN PERFOR		Ib. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
5	Chronic Piabetes	Renal Far				1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
. ME	Prace (C)	Mellitus				-		1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)		
FHYS	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4			6 Other (Specify)		
- 1	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WO	PRY AT RK? ES 2 NO	28d. OESCRIBE HOW I	NJURY OCCUREO	
0	3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, atro			28t. LOCATION (Street of City or Town, Stete)	and Number or Rura	Route Number,
	4 Homicide determined							
OMPL	(Check only	SICIAN: To the best of my know IER: On the beele of examination						AN 324 - 222 V - 324 V
3	296 SIGNATURE AND FITLE OF CERTIFIE		7	T T	29c. LICENSE NUR			D (Month, Day, Year)
	(alut ()	kelne W			D48		D 1/5	7/92
2	30. NAME AND AODRESS OF PERSON W	_	EATH (ITEM 27) (Type, P	rint)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE					
	JAN 1.3 1992	Lista Davidson	12.20					
		D THE PURE TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN						

3 % IT 181 M

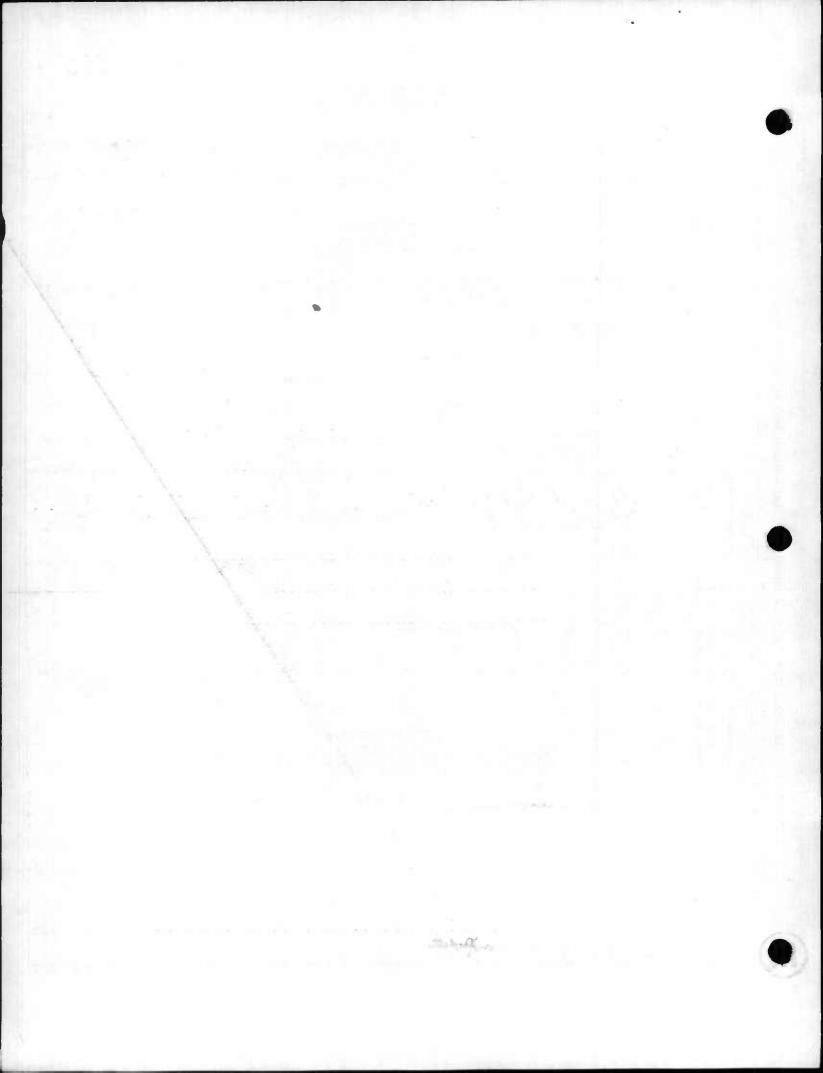
ead to be seen in

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF N	MARYLAND / D	FPAF	TMENT OF	HFAIT	H AND	MENT	AI HYCICI		0	0513	
	REGISTRAR				ICATE O			WENT	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last	_	R.					2. DAT	E OF DEATH	DAY	92 92	3. TIME OF DEATH	
	Thomas Leon 4. Social Security Number	MOORE S	IF UNDER 1 YEA	R t YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			4:30 p			
	219-10-5671	1 🔀 M 2 🗆 F	67	YRS.	MONTHS DAY		-	76	2 14	1923	Cour	Maryland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOC	TION OF D				JNTY OF		
TOR	Franklin Course									timore			
DIRECTOR	10a. STATE 10b. COUN	TY	1	IOc. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	
		imore		Dun	dalk							LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CO	DDE			10g. CIT	IZEN OF	WHAT COUNTRY?	
NE I	Bullneck Rd. 820		T EVER IN U.S. ARMEI				222				ted	States	
BY FU	1 Never Married 2 Married 3 Nidowed 4 Divorced		XYES 2 NO	D	If yes,	specity_Cu	ban, Mexico O Specifi	en, Puerto	IN? (Specify Ye Rican, etc.)	s or No-	14. RAC Bla- Spe		
	15. DECEDENT'S ED	UCATION	16a, DECEL	DENT'S	USUAL OCCUPA	TION		16	Sb. KIND OF BU	SINESS/IN	OUSTRY	White	
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+	(Give I	kind of v	vork done during se retired.)	most of wo	rking						
COMPLETED	11		She	erm	an				Beth. S				
	17. FATHER'S NAME (First, Middle, Last)								Middle, Maider				
BE	John F. Moore	9	19h M	AIL INC	ADDRESS (Stre				C. Kai		0.11		
5	Peggy Moore		Bi	ull	neck Ro	82	00 Di	ında.	lk, Md	. 212	222		
	20s. METHOD OF DISPOSITION State Cremetton State Cremeton Cremet												
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- 1		22. NAME	AND ADDI	RESS OF FA	CILITY					
	Mark (L. hayracki - 1005 Dundalk Ave. Balto., Md. 21224 W. Dabrowski-Chojnacki Funeral Chapel P.A												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. IMMEDIATE CAUSE (Final disease or condition									Approximata interval Between Onset and Daati			
	a. Severe Bilateral Lower Lobes Bronchopneumonia Due to (or AS A CONSEQUENCE OF):												
ON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. With severe Acute Tracheobronchitis DUE TO (OR AS A CONSEQUENCE OF): c. Fibropurulent material filling Trachea DUE TO (OR AS A CONSEQUENCE OF): d.												
ERTIFICATION													
AL C	PART II. Other significant condition	ns contributing to	death but not resu	liting i	n the underly	ing cause	given in	Part I.	24s. WAS AN		24	. WERE AUTOPSY FINDINGS	
MEDICAL		-						1	PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF	DEATH (Ch	eck only o	мле)				
HYS	1 YES 2 NO	1X. Inpetiant 2 28a. DATE OF	ER/Outpatient 3 1		4 - Nursing H		Realdence	-					
BY PI	1 X Natural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)	28b. TIME OF NJURY AT WORK? M 28c. INJURY AT WORK? t YES 2 NO					SCRIBE HOW I	CRIBE HOW INJURY OCCURED			
1	3 Suicida 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rur City or Town, State)								or Rural	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of ex	my knowledge, death	occurre atigatio	d at the time, do	ita and plac	ce, and dua	to the ca	use(s) end mai	nner as star	led. na cause(a) and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE					_	CENSE NUM			29d. DATE SIGNED (Month, Day, Yea			
۵ ا	30. NAME AND ADDRESS OF PERSON W	1 10	E OF DEATH (ITEM 27) (Туре,	Print)		-			- /	- 2, -	-12-	
	Dr. Julie Hartley 31. OATE FILEO (MONTH, Day, Year) JAN 13 1992	9000 Fra	nklin Squ	uar	e Dr. E	alti	more	Mar	yland 2	21237			



DHMH-18 Rev 1/89



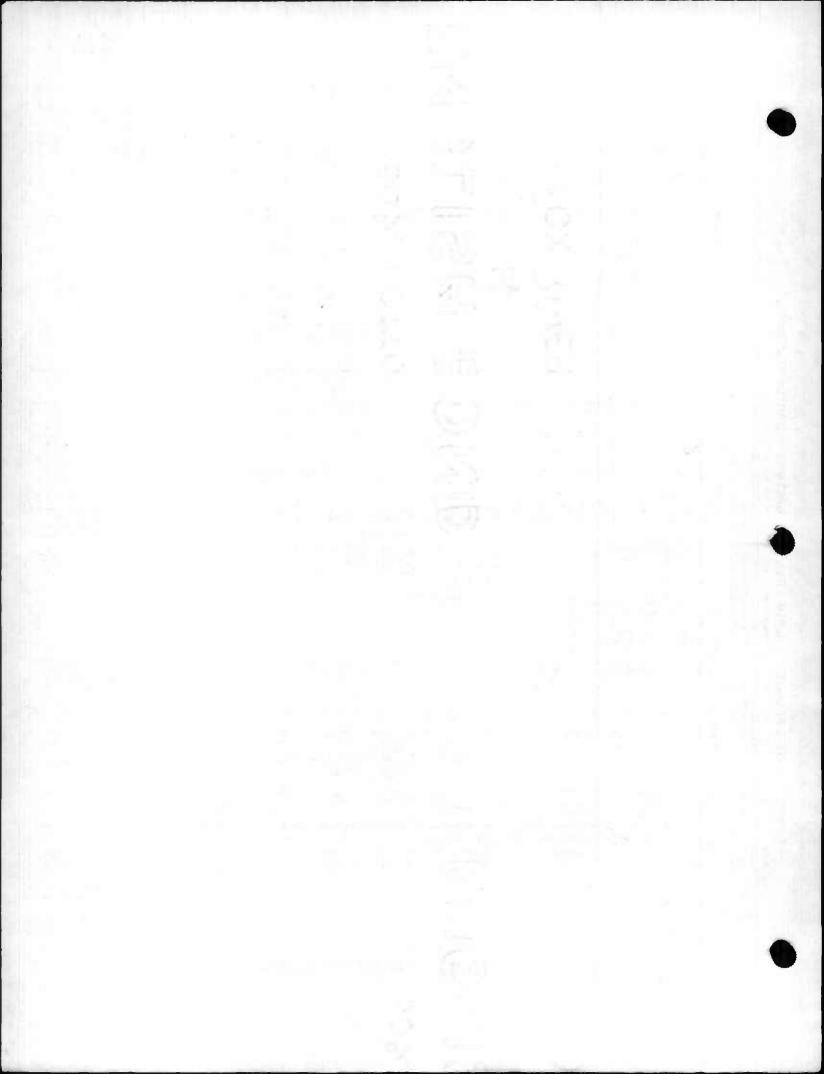
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

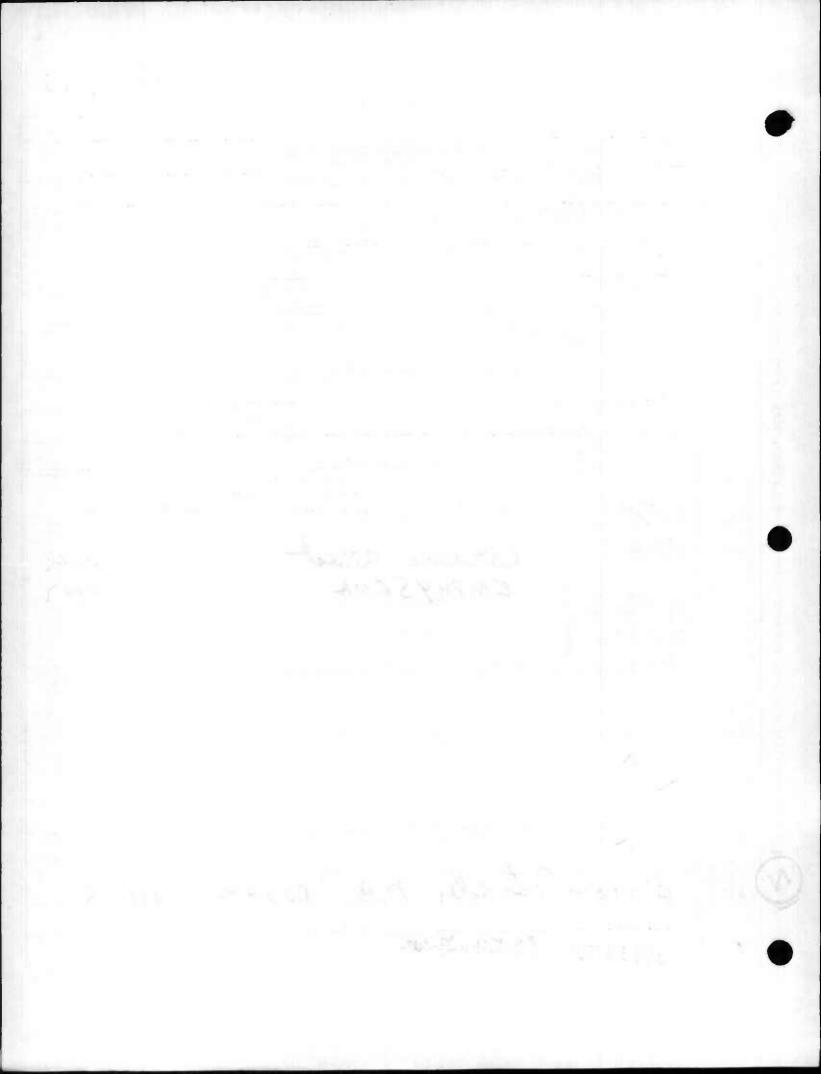
REGISTRAR		CE	KIIFIC	AIE UF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las FRANCES WINCH		ROWN MAI	RSHAL	.L		2. DATE MONT JAN	OF DEATH	, 199	YEAR 3.	TIME OF DEATH 4:45 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HF	7 DATE	OF BIRTH		_	NCE (State or Foreign
216-46-3852	1 □ M 2 🔀 F	TANCKER		NTHS DAYS	JUL.31,1908 MD					MD.
9e. FACILITY NAME (If not institution, give			9t		OR LOCATION O	F OEATH			TY OF DEAT	
10 GOLF COUR	SE ROAD			GA]	RRISON			BA	LTIM	ORE
10a. STATE 10b. COUN	TY		10c. CITY. T	OWN OR LOC	ATION				104	d. INSIDE CITY
	ALTIMOR	3			RRISON				1[LIMITS? YES XXNO
10e. STREET AND NUMBER				1	Of. ZIP CODE					T COUNTRY?
10 GOLF COUR	_					210			U.S.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM I YES 2 NO MAR OR DATES		If yes, s	CENDENT OF HIS podify Cuban, Me S 2 NO S	xican, Puerto		or No—	Black, W	American Indien, hite, etc. WHITE
15. DECEDENT'S EI (Specify only highest gra	DUCATION	16a. OEC	EDENT'S US	UAL OCCUPAT	TON nost of working	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5	4) //e. /	ME MA	etired.)	lost of working		OWN H	IOME		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (First,	Middle, Malden	Surneme)		
IRWIN M. BRO	WN						SREN	,		
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or R	lurel Route Nur	nber, City or Tow	n, State, Zip	Code)	
KATHARINE M.	WASHBUR									MILLS.
20s. METHOD OF DISPOSITION NO Buriel 2 Cremation 3 Re	moval from State	20b. PLACE	AND DATE O	F DISPOSITIO	N (Name	DA		CATION — C	alty or Town,	State MD .
4 Donetion 5 Other (Specify)		of cemetary.	HOMAS	EPI	S.CH	1/1:	0112	NGS	MILL	S,MD.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	AND AOORESS O	F FACILITY	4905 Y	ORK	ROAD	21212
William	Conce	2 1/1		HEN	RY W.	JENK:	INS AN	ID SC	NS.	BALTO, ME
23. PART I. Enter the diseases, pack, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List pnly ona ce	Spiratu	UENCE F):	Fo	long	34011 83 04			out,	Approximate Interval Between Onset end Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С.	O (OR AS A CONSEO								
PART II. Other significant condit	ons contributing t	o death but not re	aulting in	tha undariyi	ng cause give	n in Part I.	24a, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
1/2 (THIC						PERFOI		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
										YES 2 NO
25. WAS CASE REFERRED DO MEDICAL				26.	PLACE OF DEATH	H (Check only	one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		THER:	ome 5 Healde					
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE C (Month,		28b. TIME (OF 28c. I	NJURY AT WORK?	28d. D	ESCRIBE HOW	INJURY OCC	CURED	
2 Accident 3 Suicide 8 Could not 4 Homicide determined	28e. PLACE building	OF INJURY — At hor p, etc. (Specify)	ne, farm, stre	et, factory, of	lice		CATION (Street by or Town, State)		or Rural Rou	te Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best									nd menner ee stated.
296. SIGNATURE AND TATUE OF CENTIL	11.0				29c. LICENSE D-	0.05	89	29d. DATE	1919	Ignth, Day, Year)
30. NAME AND ADDRESS OF PERSON STUART B. E	BELL M.D				AUL SI	REET	В	ALTI	MORE	,MD.21218
JAN 1 3 1992	Julia Si	HAR'S SIGNATURE	الملك							



DHMH-16 Rev 1/89

E.
RECORDS,
VITAL
OF
DIVISION
-

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle	STATE OF MARYI	CERTIFIC	CATE OF	DEATH		REG. NOTE OF DEATH				
	Mary T. O'Ro	ourke				Jai	1. 8,1	992	YEAR	3. TIME OF DEATH 11:25 P	
	4. SOCIAL SECURITY NUMBER 172~22-8207	1 🗌 M 2 💢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DAT	E OF BIRTH		8. BIRTHI Country Pen	PLACE (State or Foreign	
æ	9a. FACILITY NAME (If not institution 5311 Bush St		9		OR LOCATION OF	DEATH		9c. COUN	TY OF DI		
СТОВ	RESIDENCE OF DECEDER	NT		MIIT	te Marsl	1]	alti	more	
DIRE(Maryland	Baltimore		Baltim						10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	5311 Bush St.			10	21162				S.	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxie S XX NO Spec	cen, Puert	iN? (Specify Your Rican, etc.)		14. RACE	- American Indian, White, etc.	
ETED	15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)	18e. DECEOENT'S US	k done durina m	ION ost of working	10	ib. KIND OF BI	USINESS/IND	USTRY	WIITEE	-
COMPLE	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	Homem				Own	Home			
	17. FATHER'S NAME (First, Middle, La	st)			18. MOTHER'S N		Middle, Meide	n Sumame)			_
BE	Peter Tobin 19a. INFORMANT'S NAME (Type/Print	1	10h MAII INC A	ODDESS (Ct	Cath		e Clar				_
2	Francis E. O'R				., White						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specify	201	D. PLACE AND DATE OF	DISPOSITION (N	eme of		TE 20c. L	OCATION C	ity or Tow		
	4 ☐ Donetion 5 ☐ Other (Specify 21. SIGNATURE OF FUNERAL SERV		netery crematory or other			ACII ITY	Ye	adon,	Pen	nsylvania	_
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, Market of the Company of the Compa										
CERTIFICATION	shock, or heart far IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Carro on as a Due to (on as a carro)	a CONSEQUENCE OF):	arre	1					Approximate interval Betwee Onset and Delimer American Delimer Del	
MEDICAL	PART II. Other significant con	d.	out not resulting in t	the underlyin	g ceuee given ir	Part 1.	24s. WAS AP PERFO 1 PES	RMED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?				LACE OF OEATH (C	heck only o	ne)				_
HYSI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: Nursing Hor	ne 5 🗆 Residenca	8 🗆 Oth	er (Specify)				
0	27. MANNER OF DEATH 1 Natural 5 Pending		28b. TIME O	WC	DRK?	28d. DE	SCRIBE HOW	INJURY OCCI	JRED		
ED BY	2 Accident Investige 3 Suicide 8 Could no 4 Homicide determin	— At home, ferm, stree	M 1 YES 2 NO rest, factory, office 281. LOCATION (Street a City or Town, State)				and Number o	and Number or Rural Route Number,		_	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, and du	a to the co	use(s) end me	nner es state	d.	and manner as stated	_
TO BE C	29b. SIGNATURE AND TITLE OF CER	TiFIER	e m	R	29c. LICENSE NU		60			Month, Day, Year)	_
	30. NAME AND ADDRESS OF PERSON Dr. Emery Li	n who completed cause of de nder, 902 Averi			owne. Md						_
	31. DATE FILEO (Month, Day, Year) JAN 13 1997	2. REGISTAAR'S SIGN	Mandale								_



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

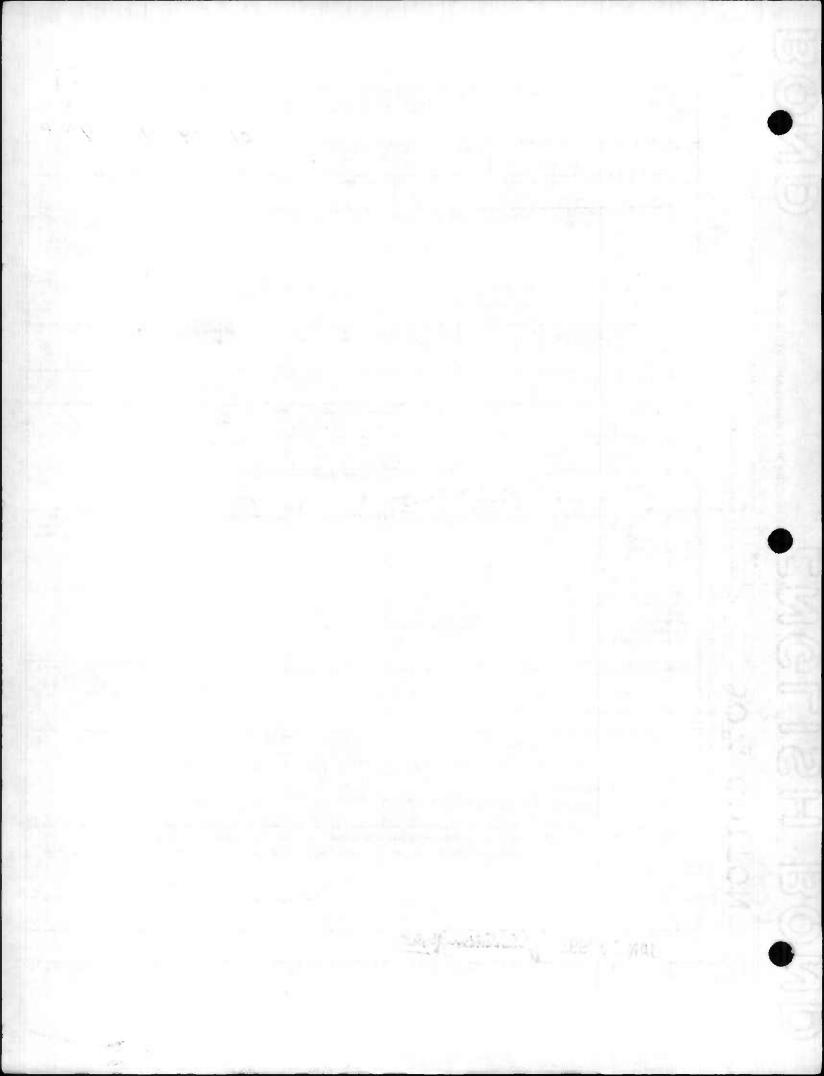
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DECEDENT'S NAME (First, Middle, Last) VIRGINIA POW SOCIAL SECURITY NUMBER											
SOCIAL SECURITY NUMBER							2. DATE O	DA	Y .	72	3. TIME OF OEATH
C. Salanda C. Carlotta Control of							01	0			7 /
	5. SEX	6. AGE (In yrs. las		MONTHS I	YEAR IF U	INDER 24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
219-22-7878	1 🗆 M 2 🖔 F	67	YRS.				4-1	1-24			MD
FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
CHURCH HOSPIT	λT			D 3 7	. m						
ESIDENCE OF DECEDENT	ALL			BAI	TIMO	RE					-
a. STATE 10b. COUNTY				, TOWN OR							10d. INSIDE CITY LIMITS?
MD			B.	ALTIM	IORE					- 1	1 YES 2 NO
. STREET AND NUMBER					101. ZIP	CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
713 E. 20th STRE	FT				2	21218			11	.S.A	
MARITAL STATUS		IT EVER IN U.S. AF		1 40 111		NT OF HISPA		/0 // W			
Never Merried 2 Merried	FORCES? 1	YES 2 X	NO NO	lf y	yes, specify	Cuban, Mexico	en, Puerto Ri		or No-	Black,	- American Indian, White, etc.
₩idowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		10	YES 2	NO Specif	y:		- 1	Specif	BL ACK
45 000000000000000000000000000000000000		I as as					100				DETICIN
15. DECEDENT'S EDUC (Specify only highest grade of		(G	ive kind of w	USUAL OCC	ring most of v	working	166.	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	e retired.)							
10th			_				BAL	TIMOR	E CI	ry so	CHOOL
FATHER'S NAME (First, Middle, Last)					16.	MOTHER'S NA	AME (First, M	iddle, Maiden	Sumeme)		
JAMES THOWERE THRE	OWER					HANNA	WOODS	3			
e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (imber or Rural			n, State. Zio	Code)	
JOYCE WILKINS						BALTIN				,	
a, METHOD OF DISPOSITION		_						_		Na	
a, METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE of cemetary	AND DATE	or other play	SITION (Nam	ne	DATE		TIMOR		
□ Donetion 5 □ Other (Specify)		_ BALTI	MORE	CEME	TERY		1	DAL	יוטויודו	(L, 1	טוי
. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N/	AME AND AD	DORESS OF F	CILITY				
	14			10	11	1	11	11/1	101	1 4	1.
1	He	~	1	140	NELLO.	TIMERO	V 9 m	U 1101	C. 17	MIL	Well
iseese or condition	40	n of c	Fua	8							Onset and De
esulting in death)	DUE 10	OR AS A CONSE	OUENCE OF	r):							Onset and De
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING	DUE 10		OUENCE OF	r):							Onset and De
equentielly list conditions, ery, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury	DUE TO	OR AS A CONSE	OUENCE OF	r): F):							Onset and De
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE OF	r): F):							Onset and De
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events	DUE TO	OR AS A CONSE	OUENCE OF	r): F):							Onset and De
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events	DUE TO	O (OR AS A CONSE	OUENCE OF	P): -7): -F):	erlying ce	use given ir	ı Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDIN
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Discess or injury nat initiated events soutling in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE OF	P): -7): -F):	lerlying ce	use given ir	Part I.	PERFOR	IMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Discess or injury nat initiated events soutling in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE OF	P): -7): -F):	ieriying ce	use given ir	ı Part I.		IMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
equentielly list conditions, eny, leading to immediate susse. Enter UNDERLYING AUSE (Discess or injury nat initiated events southing in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE OF	P): -7): -F):	ieriying ce	use given ir	ı Part I.	PERFOR	IMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
equentielly list conditions, eny, leading to immediate susse. Enter UNDERLYING AUSE (Discess or injury nat initiated events southing in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE OF	P): -7): -F):	lerlying cea	use given ir	ı Part I.	PERFOR	IMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Discess or injury nat initiated events soutling in death) LAST	DUE TO DUE TO	O (OR AS A CONSE	OUENCE OF	f): -): -): In the und	26. PLACE	use given ir OF DEATH (C	_	PERFOR	IMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
equentielly list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events seuting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL	DUE TO DUE TO d. s contributing to	O (OR AS A CONSE	OUENCE OF	other:	26. PLACE		heck only one	PERFOF	IMED?	24b.	COMPLETION OF CAUSE OF DEATH?
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seutiting in death) LAST ART II. Other significent conditions i. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO DUE TO A. B contributing to HOSPITAL: 1 □ tripatient 2	O (OR AS A CONSE O (OR AS A CONSE O death but not ER/Outpetient	OUENCE OF OUENCE OF resulting to the state of the state	OTHER: 4 □ Nurshie	26. PLACE ng Home 5	OF DEATH (C	heck only one	PERFOF	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury at initiated events esuiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO A. B contributing to HOSPITAL: 1 □ tripatient 2	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not	OUENCE OF OUENCE OF resulting to the state of the state	OTHER:	26. PLACE : ng Home 5 28c. INJURY WORK?	OF DEATH (C	heck only one	PERFOR	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury at initiated events esuiting in death) LAST ART II. Other significent conditions II. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 □ Inpatient 2 280. DATE Of (Month, is	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not ER/Outpetient F INJURY Day, Year)	OUENCE OF OUENCE OF resulting I	OTHER:	26. PLACE: ing Home 5 26c. INJURY WORK? 1 YES	OF DEATH (C	heck only one 6 □ Other 28d. DE\$	PERFOR 1 YES 2 (Specify) CRIBE HOW I	MED?	CURED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury at initiated events southing in death) LAST ART II. Other significent condition: WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation Accident Could not be	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 □ Inpatient 2 (28e. DATE Of (Month, I)	O (OR AS A CONSE O (OR AS A CONSE O death but not ER/Outpetient	OUENCE OF OUENCE OF resulting I	OTHER:	26. PLACE: ing Home 5 26c. INJURY WORK? 1 YES	OF DEATH (C	heck only one 6 □ Other 28d. DE\$	PERFOR	NJURY OCC	CURED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events seutiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 □ Inpatient 2 (28e. DATE Of (Month, I)	O (OR AS A CONSE	OUENCE OF OUENCE OF resulting I	OTHER:	26. PLACE: ing Home 5 26c. INJURY WORK? 1 YES	OF DEATH (C	heck only one 6 □ Other 28d. DE\$	PERFOR 1 YES 2 (Specify) CRIBE HOW I	NJURY OCC	CURED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury at initiated events equiting in death) LAST ART II. Other significent condition:	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 □ tripatient 2 (28e. DATE building	O (OR AS A CONSE	OUENCE OF OUENCE OF resulting I	OTHER: 4 Nursili E OF 2 Nury M	26. PLACE ing Home 5 28c. INJUSY WORK? 1 YES	OF DEATH (C	6 Other 28d. DES 26t. LOC/	PERFOR 1 YES 2 (Specify) CRIBE HOW I	NJURY OCC	or Rural F	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mon	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH KATHARINA 2:49 4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreig 83 216-30-735 DAYS HOURS 1 M 2 M GERMANI 9s. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DESTMINS CARTOLL R DIRECTOR GEN. DLL RESIDENCE OF DE 10d. INSIDE CITY STMINISTER 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 305 2 115 15 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cube 1 ___ Never Merried 2 __ Merried Specify: Specify: BY 3 Widowed 4 Divorced DhitE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) OMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) IERL KNOWN 7 BE notified 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 AMES Arks 400 EMERALD pe BAHO. Md. 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name DATE must Metro Crematory Inc. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE TRUMAN RUMAN 71229 35 Fred rick medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel event, the disease or condition reaulting in death) DUE TO (DR AS A CONSEQUENCE DF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (DR AS A CONSEDUENCE OF): that initiated events reaulting in death) LAST shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE STROKES 1 YES 2 NO OF DEATH? PAZILINSONISM 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: AL: ent 2 ER/Outpatient OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 20 DOA 6 27. MANNEB OF DEATH (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be IMPORTANT: It Item 28 Is COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the b ation end/or investigation, in my opinion, death occured at the time, dats and place, and dus to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

| - 8 - 9 29c. LICENSE NUMBER BE a 2 30. NAME AND AODRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) count 30K 31. DATE FILED (Month, Day, Year) Auria Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 122 hours after the death with the managed or team 23 shows any influence and influence

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN	IE	00010				
1	1. DECEDENT'S NAME (First, Middle, Last) JULIUS RICHBU					2. DATE OF DEATH MONTH JANUARY 9		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign				
	219-03-6567	X M 2 DF 69	YRS.	MONTHS DAYS	HOURS MIN.	1 - 29 - 1	2	Country)				
~	9a. FACILITY NAME (If not institution, give st			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY					
DIRECTOR	THE JOHNS HOPKIN	MORE CITY										
DIRE	10a. STATE 10b. COUNTY		A	A ITU,	ATION			10d. INSIDE CITY LIMITS? YES 2 NO				
AL	10e. STREET AND NUMBER		1	1	Of. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?				
FUNERAL	1926 E.LA	FAVETTE !	FUC		212	13	1	4.5.				
	1 Never Married 2 Married	FORCES? 1 YES 2		If yes, s	pecify Cuban, Maxica	NIC ORIGIN? (Specify Ya an, Puarto Rican, etc.)	n or No- 14.	. RACE — American Indian, Black, White, etc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗆 YE	S 2 NO Specif	<i>y</i> ·		NEAR D				
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind of w	USUAL OCCUPAT ork done during m	ION lost of working	16b. KINO OF BU	SINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	o lice		cer-Ret	ined						
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Mades Surreman)											
) BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code)											
5	MARbell Richburg 1936 5. LAGAYETTE AVE BATO. MI)											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)											
	21. SIGNATURE OF FUNERAL SERVICE LICE			1	AND ADORESS OF FA	CILITY /2		,				
	Betts Fine			112	ar.Ch	moline.	54					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on sech line.											
	IMMEDIATE CAUSE (Final disease or condition SCPS)											
	resulting in death)	1d.										
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FICA	cause. Entar UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSI	osed	tunc	4 mass			Ty.				
	that initiated eventa resulting in death) LAST		EOUENCE OF	14	7							
CE	DART II ON THE III											
MEDICAL	PART II. Other significant conditions	contributing to death but not	racuiting in	the undarlying	ng cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ED	44					t TYES 2	XNO	OF DEATH?				
						_	``	1 TYES NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)						
PHYSICIAN:	EXAMINER? 1 YES 2 NO	MOSPITAL: 1		OTHER:	ne 5 🗆 Rasidenca							
FH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED				
BY	t Naturel 5 Pending 2 Accident Investigation		YES 2 NO									
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, at	reet, factory, offic	ca	28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,				
PLE	29a. CERTIFIER (Check only	CIAN: To the best of my knowledge, d	leath occurred	I at the time, date	and place, and due	to the causalat and mar	hotels as rene					
MO.	one) 2 MEOICAL EXAMINER	t: On the basis of examination and/or	Investigation	, in my opinion,	death occured at the	time, data and place, an	d due to the ca	use(a) and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- 0			29c. LICENSE NUN	ABER		GNEO (Month, Day, Year)				
9	30. NAME AND ADDRESS OF PERSON WHO	ruel M.D.			7575	85	> \/	19/92				

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WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print)
Welle St. Batt-Mcl 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON
600 N
31. DATE FILED (Month, Day, Year)
JAN 13 1992

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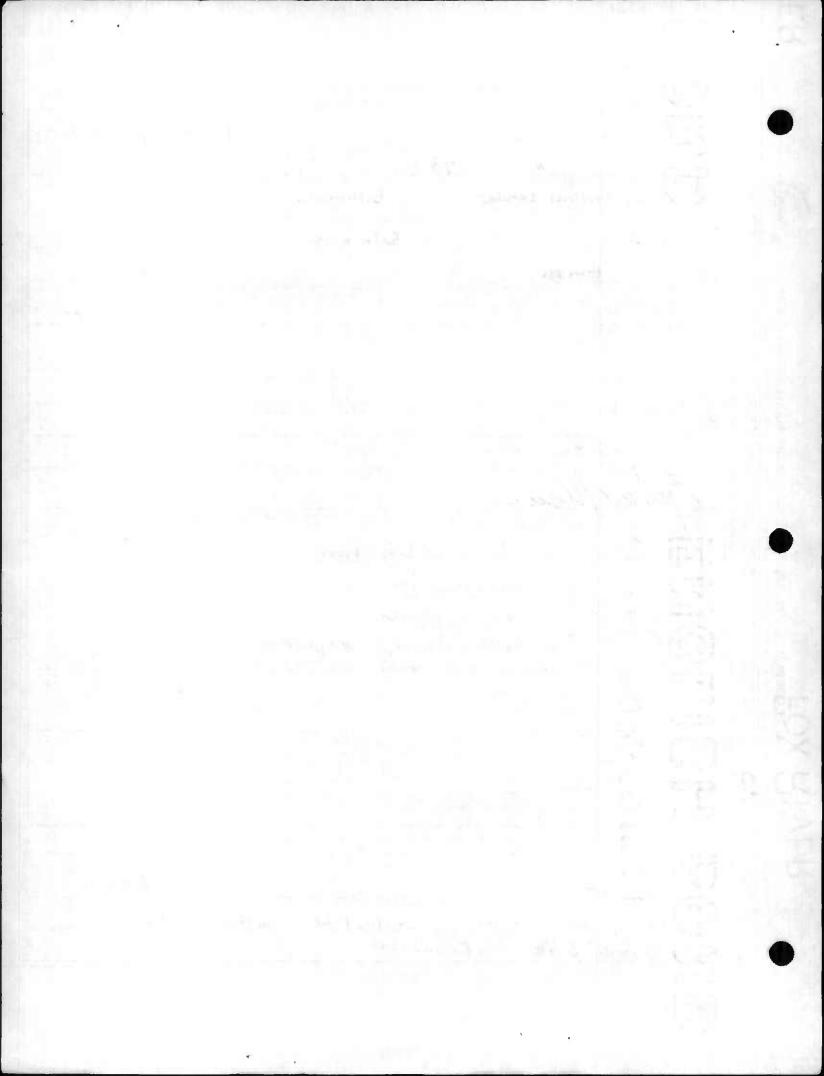
TO BE COMP	TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit

Padrick B	PA	TRICK		ROGI	ERS	2. DATE OF DEATH MONTH	DAY 5	YEAR	3. TIME OF DEATH
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9a. FACILITY NAME (If not institution, give stre		73		D OUTY TOWN	OR LOCATION OF DE	3-5-18	T a - 001	JNTY OF D	PATU
Mercy Medical		~		Battin					nore
10e. STATE 10b. COUNTY	16			altime					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER NO FIX	KED ADDR	ESS	νε		. ZIP CODE			TIZEN OF	WHAT COUNTRY?
	12. WAS OECEDEN	YES 2 N		If yes, sp		NIC ORIGIN? (Specify Wan, Puarto Rican, etc.)	es or No—	Blac	E - American Indian, k, White, etc.
15. DECEDENT'S EDUCI (Specify only highest grade of Elamentary/Secondary (0-12)	ATION completed) College (1-4 or 5 +	(Gh	CEDENT'S Use we kind of wo Do NOT use	SUAL OCCUPATI rk done during me retired.)	ON ast of working	16b. KIND OF B	USINESS/IN	<u> </u>	
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23 PART I. Enter the diseases, or or shock, or heart failure. L. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediata	emplications the lat only one cau	t ceused tha de se on aach line OCAMIA (OR AS A CONSECTION OF AS A CO	ath. Do no. LUENCE OF: BUENCE OF:	655 t enter the mo	W. Balti		Balto	.,MD	21201 Approximats Interval Between Onset and De
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions					hydration in grand given in		N AUTOPS	Y 24	
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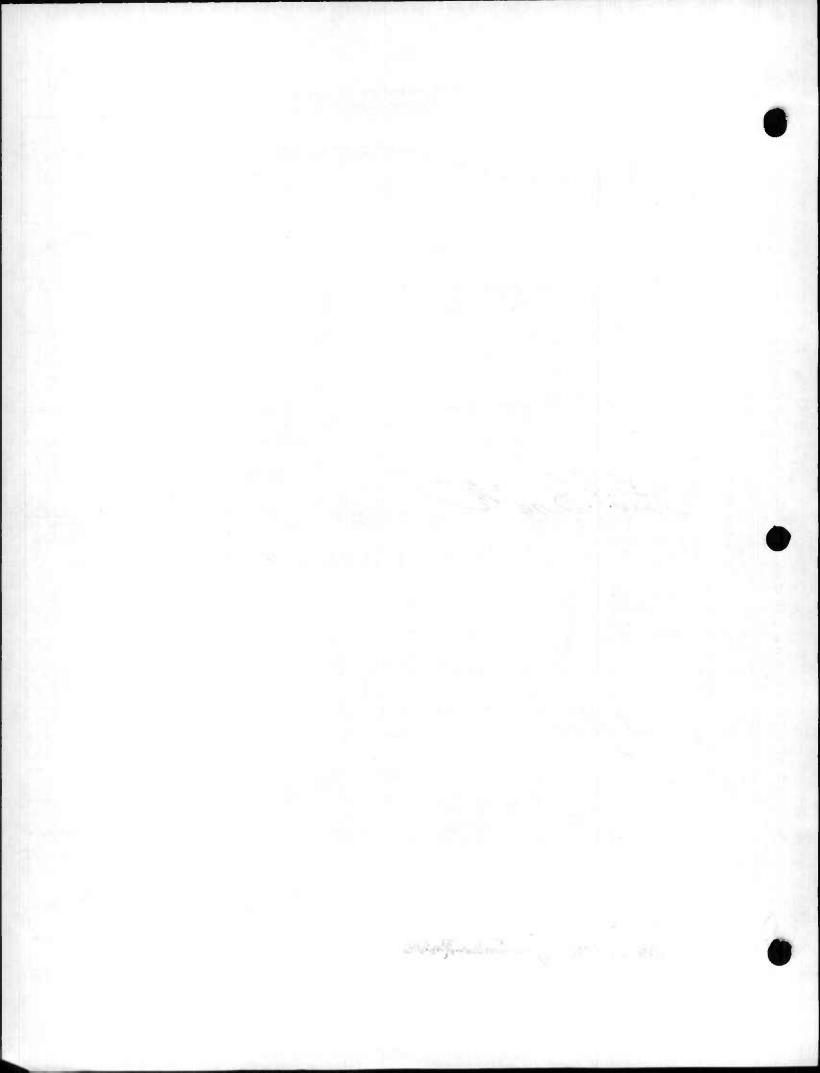
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STRAR REG. NO NT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RY C. REILLY 1992 JAN 09 10:45 P SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign -03 - 49781 - M 2 X F JUNE 15 1897 MARYLAND Y NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MARTIN'S HOME CATONSVILLE BALTIMORE NCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LAND BALTIMORE CATONSVILLE 1 YES 2 NO T AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? MAIDEN CHOICE LANE USA 21228 STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. Married 2 Married If yes, specify, Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 ANO Specify: red 4 Divorced Specify: WHITE 15. DECEOENT'S EDUCATION 18a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ery/Secondary (0-12) College (1-4 or 5+) 8TH HOMEMAKER HOMEMAKER S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARD C. MASON ALICE SPICER MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) C. SPIES 722 BOMONT RD, LUTHERVILLE, MD D OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 2 Cremation 3 Removel from State
on 5 Other (Specify) OATE NEW CATHEDRAL CEMETERY 1-13 BALTIMORE, MARYLAND M FUMERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line Interval Between E CAUSE (Finel Onset and Death condition tastactic n death) lly list conditions, DUE TO (OR AS A CONSEQUENCE OF): ding to immediate ter UNDERLYING Isease or Injury ed events DUE TO (OR AS A CONSEQUENCE OF): n death) LAST ther significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? ultimids 1 YES 2 NO ASCUD 25. WAS CASE REFERRED 26. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Realdence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to like cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Qay, Year) LQ. IZOU D18362 wo 10/92 PLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHIT COM DR.KOMALDANG -3455 WILKENS AVENUE-SUITE 206-BALTIMORE, MD. 21229 12 REGISTRAT'S SIGNATURE UNA DANGER





FOR

٥	TO THE HOSPITAL O	TO THE FUNERAL DI	be filed within 72 h	AL PROPERTY. OF 14.
M))	4)	

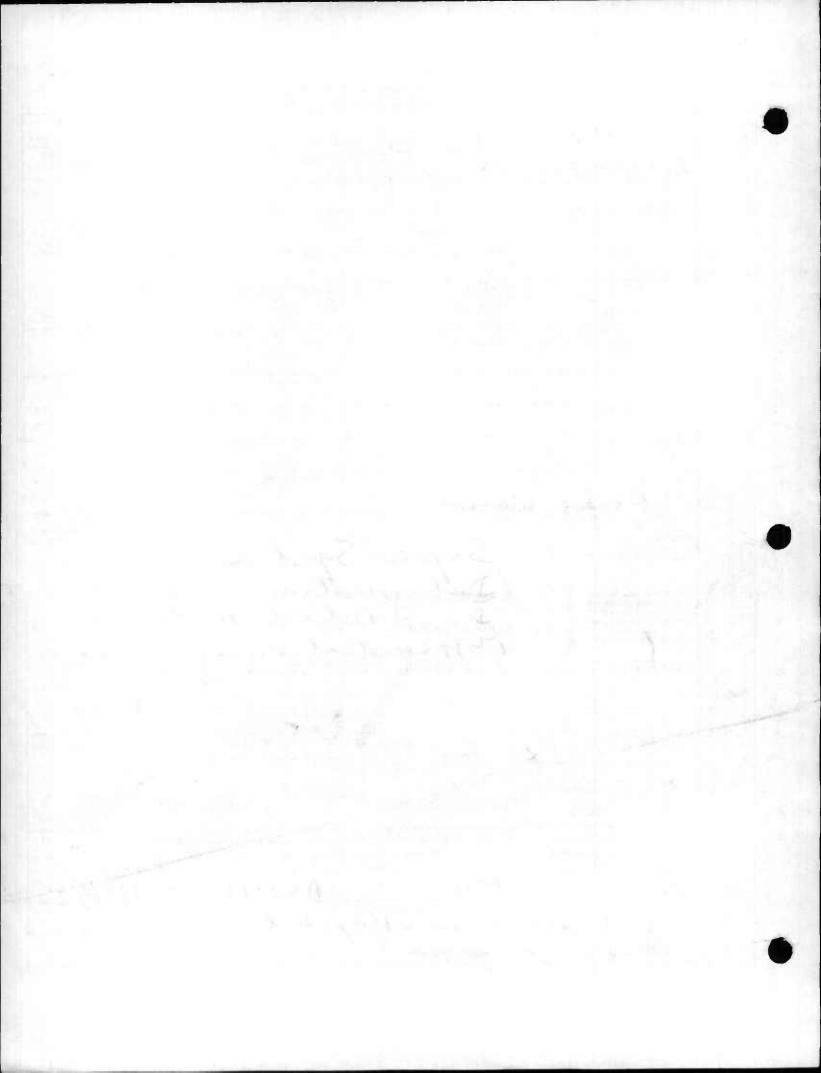
	REGISTRAR EVITH AGNES RIIVIGER	CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
		diger		2. DATE OF DEATH MONTH DAY	92	3. TIME OF DEATH
	219058337 10M2 CAF	BG YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.		Country	PLACE (State or Foreign) RYLAND
TOR	9e. FACILITY NAME (If not institution, give street and number) Church Hospital RESIDENCE OF DECEDENT		Baltinove		Balt	
DIRECTOR	100. STATE 100. COUNTY MD Balt-City		own or Location			10d. INSIDE CITY LIMITS?
ERAL	1300 S. Ellwood Ave.		101. ZIP CODE	4	10g. CITIZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexice 1 YES 2 70 Specify	IC ORIGIN? (Specify Yee on, Puerto Ricen, etc.)		- American Indian, White, etc.
ETED E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b. KINO OF BUSI		WHIT
COMPL	Elementary/Secondary (0-12) College (1-4 or 5+) 9 17. FATHER'S NAME (First, Middle, Last)	Statisti	cian		Governm	ent
BE	Henry Lottes 190. INFORMANT'S NAME (Type/Print)		L	ME (First, Middle, Meiden S <u>illian Gai</u>	ther	
10	Linda Smith	17 Mall	OW HILL Rd.,	Baltimore.	MD.	21229
		b. PLACE AND DATE OF DIS metery, cremetory or other p MEADOWILD	ge Cemetery	1-16 Do	ation—city or tow rsey Mari	n, State Jland
on 1	Juane 1. King	and	22. NAME AND ADDRESS OF FAC ROBERT C. ALT 6009 Harkord	ENBURG FUNI	ERAL HOME	, INC.
		hosis	ofunknown			Approximate interval Betwoonset and D
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):	Erron DL			415
CAL CE	PART JI. Other significant conditions contributing to death b	out not resulting in the	e underlying cause given in i	Part I. 24a. WAS AN AI PERFORM		VERE AUTOPSY FINDI
MEDI	Partial bowel obstr	nchang		1 YES 2	JANO (COMPLETION OF CAUS OF DEATH?
SICIAN:	25. WAS CASE REFERENCED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outp		28. PLACE OF DEATH (Che			
ВУ РНҮ	27. MANNER OF DEAT! 1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	28b. TIME OF INJURY	Nursing Home 5 Reeldence (28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED	
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, street, cify)	factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Ro	ute Number,
COMPL	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination	riedge, death occurred at t n end/or investigation, in a	the time, date end place, end due time, opinion, death occured at the time.	o the cause(e) end menne ime, date end place, end	er ee stated, due to the ceuse(e)	end menner ee state
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER JULY S. Lahmo		D3911		29d. DATE SIGNED (A	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE.	roadway	Ane. Balt.	2123 au	1	1
	31. DATE FILEO (Month, Day, Yber) 32. REGISTRAR'S SIGN.	ATURE				-

man Table 2 Sec. Shall

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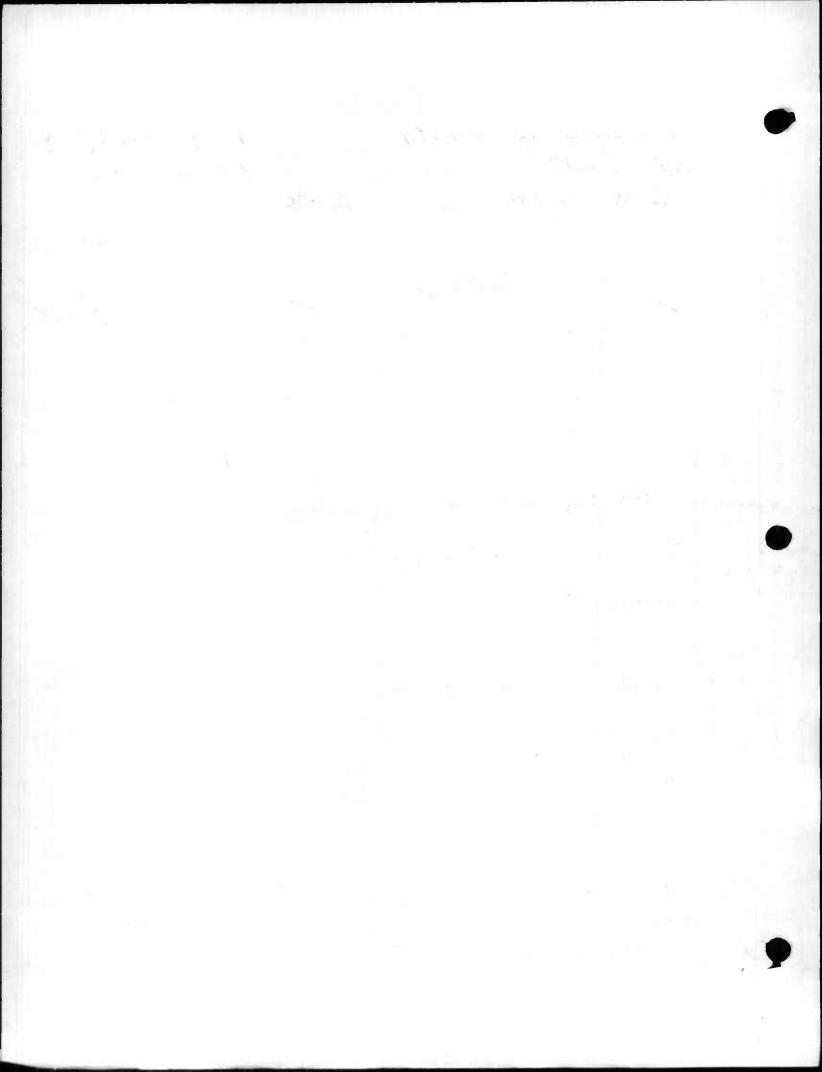
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT	OF H	HEALTH	AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Las	- 0 1 / 1						2. DATE OF DEATH		YEAR 52	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217762417 90. FÁCILITY NAME (If not institution, giv	1 K M 2 □ F 73	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year 3 19 1		8. BIRTI	
TOR	Good Samaritan Hos				alti	IDLE	ON OF DE	EATH	9c. COU	NTY OF C	DEATH
DIRECTOR	MD 106. COUR	VTY		timor		TION	-				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
IERAL	100. STREET AND NUMBER 26 Primrose Court				101	1. ZIP CODE			10g. CIT	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XX0	1 '	f yes, sp	ENDENT O	F HISPAN	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No —	14. RACI Blac Spec	E — American Indian, k, White, etc. //y:
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	College (1-4 or 5+)	16e, DECEDENT'S (Give kind of life, Do NOT u	work done se retired.)	CCUPATIO	ON ost of worldn	g	16b. KIND OF	BUSINESS/INC		rack
E COM	17. FATHER'S NAME (First, Middle, Last) Edward Savage		Unemploy	eu				ME (First, Middle, Meid	den Surneme)		•
TO B	194. INFORMANT'S NAME (Type/Print) Davie Wamsley					and Number	or Aural I	Diggs Poute Number, City or One. MD 2	Town, State, Zip	Code)	
	20e METHOD OF DISPOSITION N/A Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		PLACE AND DATE	OF DISPOS	ITION/Na			DATE 20c.	LOCATION — andallst		
	21. SIGNATURE OF FUNERAL SERVICE	Wana		M	VRCH		AL HO	aum ME-WEST ue, Baltim	was MD	210	21.5
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C.	CONSEQUENCE O	d	Sold Cel	En List	de ol	ic Ac	id.) is	fun ju
: MEDICAL	PART II. Other algnificant condition	ons contributing to deep bu	t not reculting	in the un	deriying	g cauee g	Iven in	Ethr	AN AUTOPSY ORMED? 2 NO	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 DOA	OTHER 4 Num	:			ck only one) B C Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJI WO			28d. DESCRIBE HON	W INJURY OCC	CURED	
밀	3 Suicide a Could not be determined	28e. PLACE OF INJURY - building, stc. (Specifi	At home, term,	street, facto	ery, office			281. LOCATION (Stree City or Town, Sta	et end Number ite)	or Rural F	loute Number,
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of my knowled	dge, death occurre	nd at the ti	me, date	end place,	and due	to the cause(s) end n	nenner as stell	ed, e Cause(s) end manner es stated.
TO BE C	Solin We	uni MA				29c. LICE					(Month, Day, Yeer)
	36. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF BEAT	H (ITEM 27) (Type,	Print)	en	No	il	1		1	110
	JAN 1 3 1992	22. REGISTRAR'S SIGNAT	Pandell		1	,					



BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	n, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the property of the same of th

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leet)	B. 51	nith		2. DATE OF OEATN MONTH DAY	YEAR 5.33 P.M
	338 - 07-2013	1 🗆 M 2 🗗 🖟	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 9/30/23	BIRTHPLACE (State or Foreign Country)
СТОВ	90. FACILITY NAME (If not institution, give st	ours	91	CITY, TOTAL OR LOCATION OF D	EATH 9c. CO	JNTY OF DEATN
DIRE	10a. STATE 10b. COUNTY			OWN OR LOCATION TIMORE		10d. INSIDE CITY LIMITS? 1 PFS 2 NO
VERAL	715 N. MOUNT STREE			101. ZIP CODE 21217		USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPAI If yea, specify Cuben Mexico 1 YES 2 Specifi	NIC ORIGIN? (Specify Yee or No- in, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BIACK
once.	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re DOMESTIC	done during most of working	16b. KIND OF BUSINESS/IN	
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHN HENDERSON			BESSI		
TO TO	19a. INFORMANT'S NAME (Type/Print) BRENDA LEA		715 N. M	DRESS (Street and Number or Aural 10UNT ST., BALTIMOR		p Code)
er must	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State ceme	PLACEAND DATE OF D	Cace PARK	1/13/92 RANDALL	STOWN, MD
al examin	> Hlady	Wanes)	22. NAME AND ADDRESS OF FA MARCH FUNERAL HO 4300 MARASH AVE	OME-WEST	21215
ant, the medic	23. PART I. Enter the diseases, or concendence, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	let only one ceuse on ee	ch line.	enter the mode of dying, suc	h as cardiec or respiratory ea	Approximete Interval Between Onset and Death
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST		OBSTY CONSEQUENCE OF):	uctive pul	monary dis	Case
ry Injury, CAL CE	PART II. Other eignificant conditions A Cute myoca	contributing to death bu	it not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Item 23 shows any SICIAN: MEDIC		TEAGUE CVO	- College		1 (1 YES 2 (1) NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
		HOSPITAL: 1 X Inpatient 2 - ER/Outpe		26. PLACE OF DEATN (Chi THER: Nursing Nome 5 - Reeldence		
is marked, or D BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. OEŞCRIBE HOW INJURY OC	CUREO
일	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stree (y)	t, factory, office	281. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,
IMPORTANT: If Item D BE COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	AN: To the best of my knowle : On the beele of exemination	edge, death occurred at end/or investigation, in	the time, date end place, end due my opinion, desth occured at the	to the cause(s) end manner as sta time, date end place, end due to ti	ted, ne ceuse(a) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A mathew			29c. LICENSE NUN 0277		E SIGNED (Month, Day, Year)
	0111	RICK RO.S	SUITE9.	CATONSVII	LLE · MD ·	21229.
	JAN 1 3 1992	32. REGISTRAR'S SIGNAL GUNE FILLE CONT	TURE			



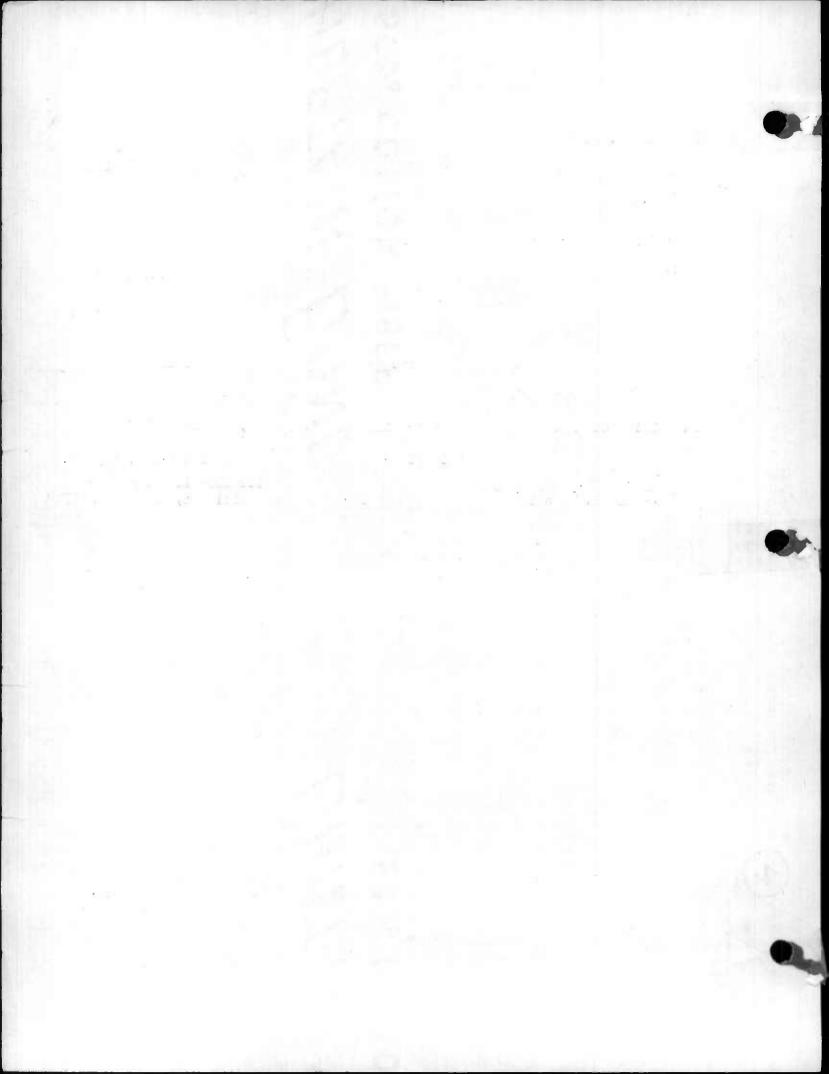
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE FIRS ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make a first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

AR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE REG. N	
NAME (First, Middle, Last)		2. DATE OF DEATH MONTH	DAY
		0.1	-

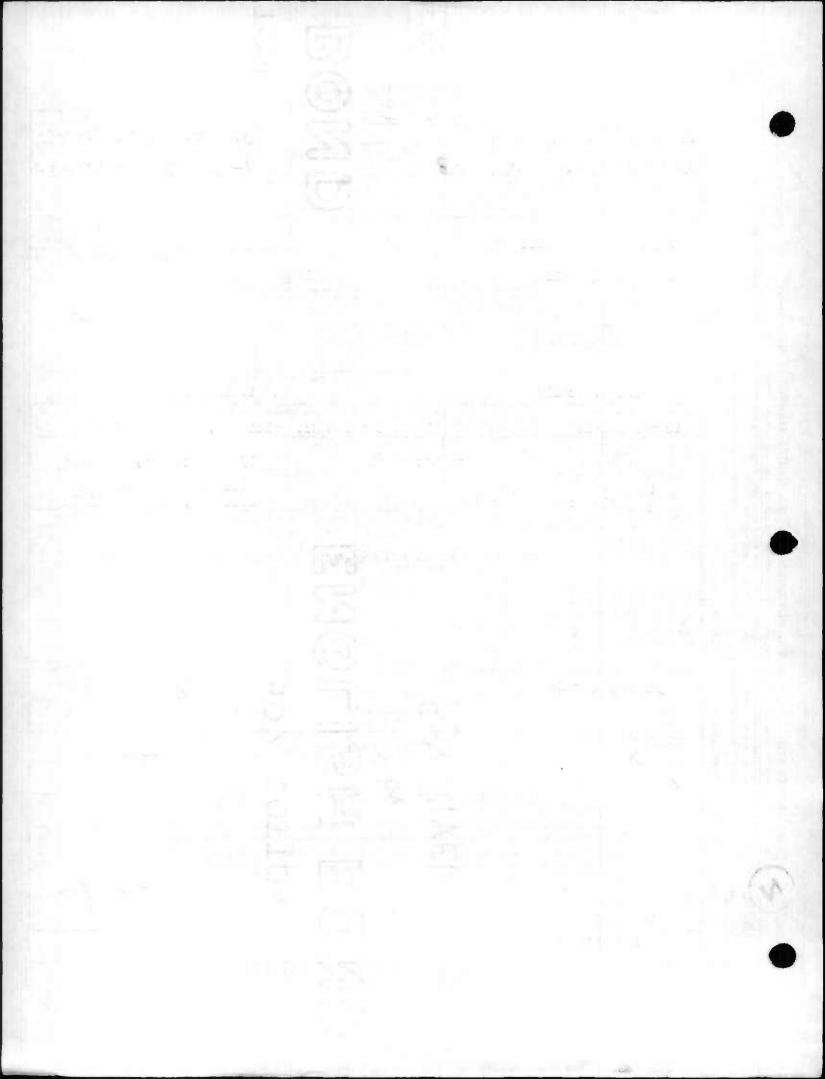
4. SOCIAL SECURITY NU	Stena	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS		E OF BIRTH		992 8. BIRTH	9:15 A IPLACE (State or Foreign
216-46-16		1 🗆 M 2 🗆 F	91	YRS.	MONTHS	DAYS	HOURS MIN.	0	nth, Day, Year) B /16/0 0			rginia
9a. FACILITY NAME (# no Broadmead	t institution, give i	street and number)					R LOCATION OF SVIlle	DEATH			nty of 0 ltim	
RESIDENCE OF D	- V									Da.	LCIM	OLE
Maryland		imore			ockeysville						10d. INSIDE CITY LIMITS? 1 TES 2	
13801 Yor							10f. ZIP CODE 21030			U.S.A.		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 XXVIdowed 4 D	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARI YES ZYN MAR OR DATES	MED 10	1	If yes, sp	ENDENT OF HIS ecity Cuban, Max 2 XXIO Spo	icen, Puerl	ilN? (Specify Yes o Ricen, etc.)		14. RACI	E — American Indian, k, White, atc.
(Specify	DECEDENT'S EDU	e completed)	(Gi	CEDENT'S ive kind of Do NOT u	USUAL OC work done of se retired.)	CCUPATIO	ON st of working	1	86. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary	y (0-12)	College (1-4 or 5	+)		cher				Edu	catio	on	
17. FATHER'S NAME (First	, Middle, Last)				-44		18. MOTHER'S	NAME (Firs	t, Middle, Maiden	Sumame)		
Patrick H		tzhugh							s Davis			
19a. INFORMANT'S NAME			100			1110	and Number or Ru					/.
J. Rollin		•					Rd. To					
20a. METHOD OF DISPO XX Burlal 2 Cremi 4 Donation 6 Ot	etion 3 🗆 Ren her (Specify)		20b. PLACE other place Druid	lecel .		ime of cer	metery, cremetory	×		esvi		Maryland
21. SHIMATURE OF FUNE		CENSEE /			00	NAME AL	ND ADDRESS OF	FACILITY				
23. PART I. Enter the	S S X 6 diseases, or r heart failure (Final	enakis		eath. Do	65	the mo	York Ro	Mitad Ba	ardiac or resp	ce, Ma	ary1	Home and 21212 Approximeta interval Between Onset end De
23. PART I. Enter the shock, point of the shock, point of the shock, point of the shock, point of the shock o	s S X E e diseases, or r heart failure (Final Additiona, mediate ILY) NG injury	enakis complications the	at caused the de	outh. Do	not enter	the mo	York Ro	Mitad Ba	altimor	ce, Ma	ary1	Approximeta interval Between
23. PART I. Enter the shock, p immediate cause or condition resulting in death) Sequentially list confi eny, leading to imcause. Enter UNDER CAUSE (Disease or leading to imcause.	s S X E e diseases, or r heart failure (Final dittiona, mediate hillury)	enakis complications the List only one ca	or coused the deuse on each line of the order of the orde	QUENCE C	not enter	the mo	York Rode of dying, a	Mitad Buch as co	altimor	N AUTOPSY RMED?	aryl.	Approximeta interval Between Onset end De Onset en
23. PART I. Enter the shock, point of the shock, point of the shock, point of the shock, point of the shock o	s S X E e diseases, or r heart failure (Final dittiona, mediate hillury)	enakis complications the List only one ca	or coused the deuse on each line of the order of the orde	QUENCE C	not enter	the mo	York Rode of dying, a	Mitad Buch as co	altimor	N AUTOPSY RMED?	aryl.	Approximeta interval Batwa Onset end De
23. PART I. Enter the shock, point of the shock, point of the shock, point of the shock, point of the shock o	s S X E e diseases, or r heart failure (Final ————————————————————————————————————	enakis complications the List only one ca	or coused the deuse on each line of the order of the orde	QUENCE C	not enter	the mo	York Rode of dying, a	Mitad Buch as co	24a. WAS AI PERFO	N AUTOPSY RMED?	aryl.	and 21212 Approximeta interval Between Onset end De Onse
23. PART I. Enter the shock, D IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other significance of the control of	s S X E e diseases, or r heart failure (Final ————————————————————————————————————	enakis complications the List only one can but the contributing to	or coused the deuse on each line of the order of the orde	outling	not enter	the mo	YOTK Rode of dying, a	Mitad Bauch as co	24a. WAS AI PERFO	N AUTOPSY RMED?	aryl.	and 21212 Approximeta interval Between Onset end De Onse
23. PART I. Enter the shock, D IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list consistency, laeding to immense. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other significations of the consistency of the consist	s S X E e diseases, or r heart failure (Final ————————————————————————————————————	ms contributing to	o death but not a	OUENCE C	not enter	the mo	YOTK RO	Mitad Buch as co	24a. WAS AI PERFO	N AUTOPSY RIMEO?	aryl.	and 21212 Approximeta interval Between Onset end De Onse
23. PART I. Enter the shock, D IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if eny, leading to immediate. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other significations of the significant of the signif	s S X E e diseases, or r heart failure (Final Actions, mediate hillying injury AST	HOSPITAL: 1 Inpatient 2 26a. PLACE	o death but not a	OUENCE COUNTY OF THE PROPERTY	in the ur	26. PR: raing Hom	YOTK RO	Mitad Bauch as co	240. WAS AI PERFO	N AUTOPSY RIMEO? 2 NO INJURY OC	aryl rest,	and 21212 Approximate interval Between Onset and De Conset and De Conse
23. PART I. Enter the shock, D IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition if eny, leading to immediate. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signification of the sequence of	S S X E e diseases, or r heart failure (Final in the condition in the cond	HOSPITAL: 1 Inpatient 2 26s. PLACE building	t caused the deuse on each line (on as a conser)	outence of outence outence outence of outence outenc	in the ur	the mo	YOTK RO de of dying, a de of dying, a g cause given LACE OF DEATH THE S Resider JURY AT ORK? YES 2 NO	Mitad Bauch as co	24a. WAS AI PERFO 1 YES OCATION (Street hy) or Jown, State course(a) and markets.	N AUTOPSY RMEO? 2 NO INJURY OC	24i	and 21212 Approximate interval Between Onset and De Conset and De Conse
23. PART I. Enter the shock, D IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition if eny, leading to immediate. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signification of the sequence of	S S X E e diseases, or r heart failure (Final Actions, mediate allying injury Last Condition of the conditio	PLACE Building SICIAN: To the best of the basis of the b	t caused the deuse on each line (on as a conser)	outence of outence outence outence of outence outenc	in the ur	the mo	YOTK RO de of dying, a de of dying, a g cause given LACE OF DEATH THE S Resider JURY AT ORK? YES 2 NO	Mitad Bach as control and Bach as control and control	24a. WAS AI PERFO 1 YES OCATION (Street hy) or Jown, State course(a) and markets.	N AUTOPSY RMED? INJURY OC and Number of due to to the due to to the due to to the due to to the due to the du	24i	Approximeta interval Batwa Onset end De Onse



FOR

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and the state of the season of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-no	NERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Degr. of realth and wentar hygiene prior to buria, cremation, or entitival.

	REGISTRAR		CERTIFIC	ATE OF DEATH	MENTAL	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	An SCI	Lillian Sca	11y	2. DATE O	DE DEATH DAY OG	3. TIME OF DEATH 7:10P
	4. SOCIAL SECURITY NUMBER 154-05-1386 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🗡 F	83. YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	1-	-15-08 1	BIRTHPLACE (State or Foreign Country) ARXLAN OF DEATH
TOR	Stella Maris Ho			Towson	DEATH		timore
DIMECTOR	10e. STATE 10b. COUNT	y Baltimore		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNEHAL	100. STREET AND NUMBER 2300 Dulaney Va	llev Road		101. ZIP CODE 21204		10g. CITIZE	N OF WHAT COUNTRY?
BT FUN	11. MARITAL STATUS XX Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2XXXX	13. WAS DECENDENT OF HISF If yes, specify Cuban, Mex 1 YES 2XXNO Spe	Ican, Puerto R	(Specify Yes or No- 14	Black, White, etc. Specify: White
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b.	KIND OF BUSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last) Robert E. Sca	11v				liddle, Melden Sumame)	
7	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street and Number or Rur			ode)
	Michael Travieso			Charles St. B			
	20a. METHOD OF DISPOSITION 1 Denistry Burler 2 Cremation 3 Ren 4 Donation 6 Other (Specify)		20b. PLACE AND DATE OF of cemetary, crematory or New Cathedr	DISPOSITION (Name other place)	DATE 1/9	20c. LOCATION — CI	
	21. SIGNATURE OF PUNETAL SERVICE V	0		22. NAME AND ADDRESS OF 0 6500 York R	FACILITY Mit	chell-Wiede	efeldHome
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (O	P AS A CONSEQUENCE OF):	TIC CARDIO		ULAR VIS	
		d					
7	PART II. Other algorificant condition DEMENTIA	_	eth but not resulting in t	he underlying cause given	In Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDS
	DEMENT.				-		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only on		OF DEATH?
		HOSPITAL:	R/Outpetient 3 □ DOA 4	26. PLACE OF DEATH		·	COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	P/Outpatient 3 DOA 4,	THER: Nursing Home 5 - Residence F 28c. INJURY AT	a V o mo	·	COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
ED DI PRISIONALE.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Month, Day.	R/Outpetient 3 DOA 4, JURY Year) 26b. TIME C INJURY NJURY At home, ferm, stre	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d, DES	(Specify) H OS	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
COMPLETED BY PRISICIAIN. MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF I building, ate	R/Outpetient 3 DOA 4, JURY 26b. TIME C INJURY At homa, ferm, stre In Jury At homa, ferm, stre In Jury At homa, ferm, stre In Jury At homa, ferm, stre	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d, DES 28f, LOC. City	CRIBE HOW INJURY OCCU ATION (Street and Number of Town, State)	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO PLACE V. H. RED Rural Route Number,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF I building, atc SICIAN: To the best of m IER: On the basis of axar ER A Cult	R/Outpetient 3 DOA 4, JURY 26b. TIME C Year) NJURY — At home, ferm, stre c. (Specify) knowledge, death occurred on institution and/or investigation, in the control of th	F 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, data and place, and on my opinion, death occurred at D 270	26d, DES 26f, LOC, City due to the cauthe time, data	CRIBE HOW INJURY OCCU ATION (Street and Number of Town, State) See(a) and manner as stated and place, and dua to the 29d. DATE	COMPLETION OF CAUSOF DEATH? 1 YES 2 NO PLACE VO H., RED Rural Route Number,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF I building, atc SICIAN: To the best of my IER: On the basis of axar ER	R/Outpetient 3 DOA 4, JURY 26b. TIME C Year) NJURY — At home, ferm, stre c. (Specify) Individual to the course of the course o	F 28c. INJURY AT WORK? I YES 2 NO et, factory, office at the time, data and place, and on my opinion, death occurred at D 270 int()	2ed, DES 2ef, LOC, City due to the cau the time, data NUMBER	ATION (Street and Number of Town, State) Res(a) and manner as stated and place, and due to the	COMPLETION OF CAMOF DEATH? 1 YES 2 NO PICE V. H. RED Rural Route Number, cause(a) and manner as state SIGNED (Month, Day, Year)



DR. Dunley Sp

MPDRIANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THOUSAND THE PARTY OF THE PARTY

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	100	6	1	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	105	2/0	KES		6-92	10:45 AM		
	212 - 21 - 92 In	5. SEX 6. AGE (fn y	75. lest birthday) IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
133	9a. FACILITY NAME (If not Institution, give atre	- 4	0	TOWN OR LOCATION OF	12-09-	21	VA.		
DIRECTOR	BALTIMORE C	Pourty GENE	Ral		DEATH	BALT	IMORE		
IRE	10a. STATE 10b. COUNTY	,	10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	LITHORE		T			1 YES 2 NO		
FUNERAL	16 HEDINAL	PT		10f. ZIP CODE	207		what country?		
S	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U. FORCES? 1 YES	S. ARMED 13. W		ANIC ORIGIN? (Specify Ye				
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		yes, specify Cuban, Mexic YES 2 NO Spec	can, Puerto Rican, atc.)	Bla Spa	CE — American Indian, ck, White, atc.		
	15. OECEDENT'S EDUCA	KOREAN	war			_ / 2	rack		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	 DECEDENT'S USUAL OCI (Give kind of work done do life. Do NOT use retired.) 	cupation ring most of working	16b. KIND OF BU	SINESS/INDUSTRY	<i></i>		
1PL	Louising (O-12)	College (1-4 or 5 +)	ECUPILL	Guani	SEC	110++1	Suclave		
ON	17. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S N	AME (First, Middle, Malden	Sumame)	243/873		
BE (DARIOUS	STO	KES	OPHE	Lea	570	KF5		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	Street and Number or Rura	Route Number, City or Tow	n, State, Zip Code)			
		OKES	16 HER	aLDRY C	7. 1000	Lawn	MD. 21207		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramov 4 Donation 6 Other (Specify)		ACE AND DATE OF DISPOSIT y, crematory or other place)	ION (Name of	9ATE 20c. LO	CATION - City or	own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	KISON FOR	ST Vale	4 /B/ OW	IN615 1	PILLS, MD		
	+ BETTS E	.150 4		AND ADDRESS OF F	7 .				
	23 PART I Enter the diseases or co	NERGL HO	16 11	29 N.	AROLINE -	5T- Ba	LTO. MD-21213		
		st Dniy Dna cause Dn aach	s dastn. Do not snter t lina.	he mods of dying, su	ch as cardisc or rssp	iratory árrest,	Approximats interval Batween		
	iMMEDIATE CAUSE (Finsi disease or condition	Cardica	Fil				Onset and Death		
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
Z		Dicketa	, Malli	+-,			7000		
ET	Sequentially list conditions, if any, leading to immedists DUE TO (OR AS A CONSEQUENCE OF):								
5	CAUSE (Disease or injury	DUE TO (OR AS A CO	7 - 11 6-				20 years		
CERTIFICATION	that initiated events resulting in death) LAST	DUE 10 (OR AS A CO	NSEQUENCE OF):				0		
	d.								
AL	PART II. Other significant conditions	contributing to death but i	not resulting in the und	erlying cause given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC	N. A.				t _ YES 2	Rio	COMPLETION OF CAUSE OF DEATH?		
X					_		1 TES 2 NO.		
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C	heck only one)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY		g Home 5 🗆 Raaidenca					
~ 1		DELL C OL 11400121		Sc. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	1		
	Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?					
B	2 Accident Investigation	28a. PLACE OF INJURY —	М	1 YES 2 NO	26t, LOCATION (Street a	and Number or Bural	Bruste Number		
ED BY	2 Accident Investigation	28e. PLACE OF INJURY — building, atc. (Specify)	М	1 YES 2 NO	261. LOCATION (Street & City or Town, State)	and Number or Rural	Route Number,		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, larm, street, factor	1 YES 2 NO	City or Town, State)		Route Number,		
ED BY	2 Accident 3 Suicide 5 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSICIA	28a. PLACE OF INJURY — building, stc. (Specify) AN: To the best of my knowledge	At home, farm, street, factor	1 YES 2 NO y, office e, dete and place, and du	City or Town, State) a to the cause(a) and mar	ner as stated.			
COMPLETED BY	2 Accident 3 Suicide 5 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSICIA	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, factor	1 YES 2 NO y, office e, dete and place, and du	City or Town, State) a to the cause(a) and mare time, data and placa, an	iner as stated, d dus to the cause(a) and mannar as stated.		
BE COMPLETED BY	2 Accident 3 Sutelide 4 Homicide 8 Could not be determined 29a. CERTIFIER CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TIPE OF CERTIFER	28a. PLACE OF INJURY — building, atc. (Specify) AN: To the best of my knowledge On the basis of examination and	At home, term, street, factor e, dasth occurred at the tim	1 YES 2 NO y, office e, date and place, and dunion, death occured at the	City or Town, State) a to the cause(a) and mare time, data and placa, an	ner as stated, d dun to the cause(29d. DATE SIGNET	a) and mannar as stated. O (Month, Day, Year)		
COMPLETED BY	2 Accident 3 Sutelide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: 29b. SIGNATURE AND THE OF CERTIFIER 38b. MAME AND ADDRESS OF PERSON WHO	28a. PLACE OF INJURY — building, atc. (Specify) AN: To the best of my knowledge On the basis of examination and COMPLETED CAUSE OF DEATH	At home, farm, street, factor a, dasth occurred at the tim d/or investigation, in my opi	1 YES 2 NO y, office e, date and place, and dunion, death occured at the	a to the cause(a) and mare a time, data and place, an	d due to the cause(a) and mannar as stated. (Month Day, Year)		
BE COMPLETED BY	2 Accident 3 Sutelide 4 Homicide 8 Could not be determined 29a. CERTIFIER CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TIPE OF CERTIFER	28a. PLACE OF INJURY — building, atc. (Specify) AN: To the best of my knowledge On the basis of examination and COMPLETED CAUSE OF DEATH	At home, term, street, factor e, daeth occurred at the tim d/or investigation, in my opi (ITEM 27) (Type, Print)	1 YES 2 NO y, office e, date and place, and dunion, death occured at the	a to the cause(a) and mare a time, data and place, an	d due to the cause(a) and mannar as stated. O (Month, Day, Year)		

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P.O. BOX 13146	
OF VITAL RECORDS, R	
OF VITAL	
DIVISION	

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slan.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		
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TO THE HDSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certincate be executed within 2% mounts after death. Page 6 may be retained by the hospital or attending physic	or use as the b		
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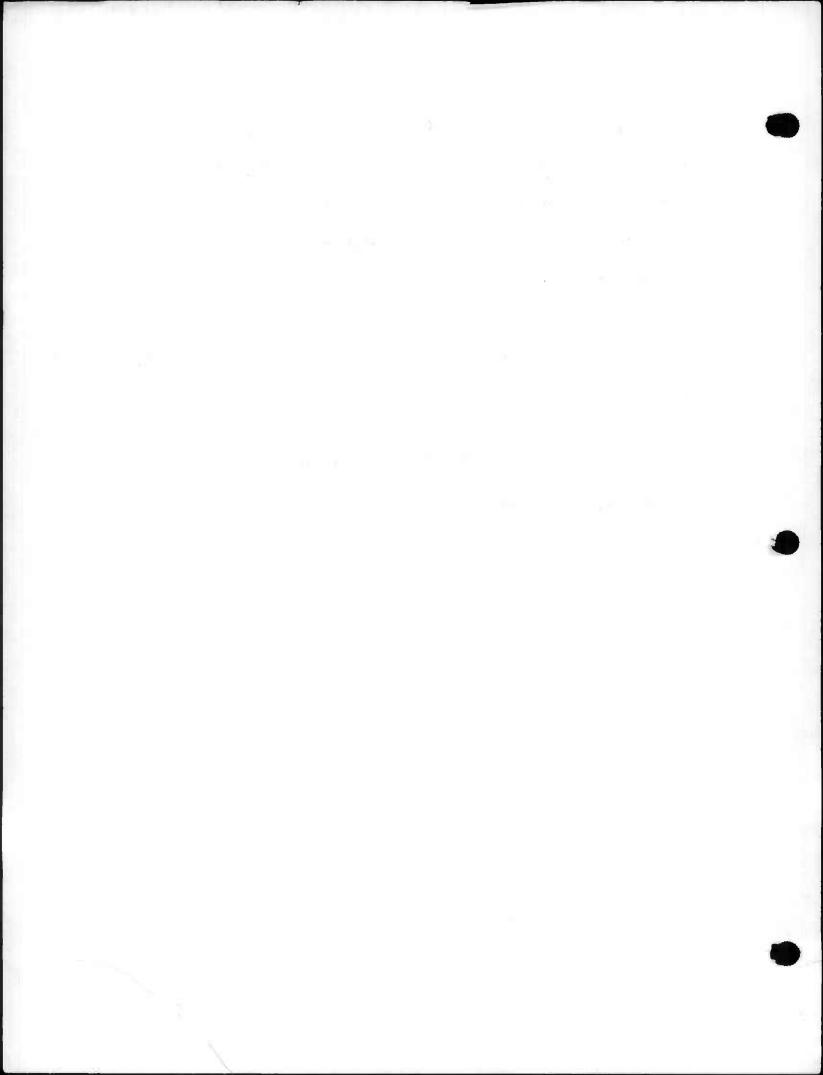
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	1	FOR STATE REGISTRAR	STATE OF M	IARYLAND / CE			OF H			MENTA	AL HYGIEN REG. NO.	E			
		1. DEGEDENT'S NAME (First, Middle, Last)	els		(мом	9	97	YEAR	3. TIME OF DEATH	14
		a . W) (a / / / a	5. SEX 1 M 2 🗆 F	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Mor	E OF BIRTH oth, Day, Year) /17/53		Country	LACE (State or Foreign) land	n
		9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	r, TOWN O			ATH	· ·	9c. COUN	TY OF DE	ATH	
DIRECTOR		Loch Raven V.A. H	ospital			<u> </u>	Ba	altir	nore						\dashv
REC		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
		Md 100. STREET AND NUMBER				Bai	ltimo	Ore				40- 01717		N YES 2 NO	
FUNERAL			A L				101.							HAI COUNTRY?	
N		2502 W. Lanvale S	12. WAS DECEDEN	TEVER IN U.S. AR	MED			ENDENT O			IN? (Specify Yes	or No—	14. RACE	- American Indian,	\dashv
BY F		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N MR OR DATES	Ю		If yes, spe 1 [] YES				Rican, etc.)		Specify	BLACK	
	- 11	15. DECEDENT'S EDUCA	TION	16a DE	CEDENT'S	I I SIIAI O	CCUPATIO	Λ w		16	Sb. KIND OF BUS	INESC/IND	ICTOV	DEACK	\dashv
COMPLETED		(Specify only highest grade of Elementary/Secondary (0-12)		(G	ive kind of		during mos		g						
, d										F	Robert	C. Ri	char	ds Cloth	ing
at once		17. FATHER'S NAME (First, Middle, Lest) Silas Samuels									, Middle, Malden	Surname)			
		19a. INFORMANT'S NAME (Type/Print)		I and	MARINA	ADDRES	C (Chart o		se Hu		mber, City or Tow	a Ctata Tia	Cartal		
E 2		Mrs. Rayna Samuel	S	1							Baltim			21216	
90		20e METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remov	-	20b, PLACE	OF DISPO	SITION (N	ame of cen	netery, crem	netory or			CATION — C			
E	1	4 Donation 5 Other (Specify)		Garri	son							ngs M			
examiner must be notified		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY	MARCH 4300			HOME	
		Eladus	Wan	رمم							4300	MADAS	п Ау	ENUE	
шедіса	ı	23. PART i. Enter the diseases, or co shock, or heart failure. Li				not enter	r the mo	da of dyi	ing, sucl	h aa ca	rdiac or reap	ratory srr	eat,	Approximata Interval Batw	reen
E E		IMMEDIATE CAUSE (Finel disease or condition PAA Fail UPC									aath				
event,		resulting in death) a.	DUE TO	(OR AS A CONSEC	QUENCE O	OF):								1	-
		Sequentially lies conditions b.	AIDS												
PATE AT IC		Sequantistly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	OF):									
other traumatic		CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEC	QUENCE O)F):								-	_
or other traumatic		resulting in death) LAST													
\$ C		PART ii. Other significant conditions	contributing to	death but not r	esulting	in the u	nderlying	g cause s	given in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDI	INGS
FDICAL											1 TYES 2			AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	SE
shows any													- 1	1 YES 2 NO	
23 sh															1
S O EXAMINER? HOSPITAL:															
5 >		1 TYES 2 NO 27. MANNER OF DEATH	28a, DATE OF	ER/Outpatient 3	28b, TII		28c. INJ		esidence	_	her (Specify)	NJURY OCC	URED		-
		1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 1 Natural 5 Pending M 1 YES 2 NO													
is mar	ı	building, etc. (Specify)						OCATION (Street ity or Town, State		or Rural A	oute Number,				
2 L		4 Homicide determined													
MPI F		29a. CERTIFIER (Check only one)													
IMPORTANT: IL		2 MEDICAL EXAMINER	: Un the basis of a	xamination and/or	Investigati	ion, in my	opinion, d				ata and place, a				ıd.
POR R		394 NUMBER AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	WBER		29d. DATI	19 /	(Month, Day, Year)	
≅ β		30. NAME AND ADORESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE	M 27) (T/m	e Print)	-	0				1	1/4	4	-



31. DATE FILED (MORTH, Day, Year)

JAN 1 3 1992

MD



THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FERMENAL DRECIDE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ONTAINT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR TO THE FLINEHAL DIRE IN THE WITHIN 72 HOUR IMPORTANT: II flem	

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN	E				
1. DECEDENT'S NAME (First, Middle, La	ast)				2. DATE OF OEATH		3. TIME OF DEATH			
Mar	<u> </u>	Sten	cil		MONTH O					
4. SOCIAL SECURITY NUMBER		-	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)			
219–38–3168	1 M 2 K F 7	7 YRS.	JATES DAYS	HOURS MIN.	June 7,19	914 Md	•			
9e. FACILITY NAME (If not institution, gi	ive street end number)	9	b. CITY, TOWN	R LOCATION OF	DEATH	9c. COUNTY OF	OEATH			
2625 Sloat RESIDENCE OF DECEDENT 100. STATE 104.	field Ave.		Balt	imore		N/A				
10e. STATE 10b. COL		10c. CITY, 1	TOWN OR LOCAT	ION			10d, INSIDE CITY			
Md.	N/A	Bal	timore				LIMITS?			
10e. STREET AND NUMBER			100	ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?			
2625 Sloatfie	ld Ave.		2	1223		USA	8			
10e. STREET AND NUMBER 2625 Sloatfie 11. Marital Status 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.)		CE — American Indian,			
3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DA			2 KNO Speci			ck, White, etc.			
11	EDUCATION	18e. DECEDENT'S US	IIAL OCCUPATIO		T		White			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	rade completed) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	done during mo	st of working	166. KIND OF BUS	SINESS/INOUSTRY				
3 8	conege (1-4 or 5+)	Homemak	er		Home	9				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)				
Unkno	wn				known	,				
196. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street e	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)				
Line Down o 171 Octro		391 W.	Water	St. Har	risonburg,	Va. 228	01			
20a. METHOD OF DISPOSITION 19 Burtal 2 Cremeting 3 1 8	lamoval from State cem	PLACE AND DATE OF C	DISPOSITION (Na	me of		CATION — City or	Town, State			
4 □ Donation S □ Other Specify 21. SIGNATURE OF PURPLEAL SERVICE	INE	w Cathedr		netery		ltimore,	Maryland			
10/1/	GCENSES/		Gary]	ADDRESS OF F	an Funeral	Home				
23. PART I. Enter the diseases,	0/	_	5695 N	Main St.	Elkridge.	Marylan	d 21227			
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	CAMI	ONDSCL	ion Plsi	57584	Onset and Death			
BART II Other slavilla at a	d						9			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH		ut not rasuiting in t	he underlying	cause given in	Part I. 246. WAS AN / PERFORI 1 U YES 2. THUS IS	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	eck only one)					
1X YES 2 NO	1 Inpatient 2 ER/Output 28e. OATE OF INJURY	intent 3 DOA 4	Nursing Home		6 Other (Specify)					
2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	M 1 Y		28d. OESCRIBE HOW IN	JURY OCCUREO				
3 Suicide 6 Could not be determined	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
4 Homicide 6 Could not a determined 29a. CERTIFIER (Check only 1 CERTIFYING PH one) 2 MEDICAL EXAM	(Check only T CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner as stated.									
29b. GATHATURE AND TITLE OF CERTIF										
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF OF	TH (ITEM 27) (To 1)	me)	29c. LICENSE NUI	M.E.	•	0 (Month, Day, Year)			
HAMAMA NASA SA	P32 REGISTRAT'S SIGNA		nn St	reet, I	Raltimore	,Maryl	and 21201			
Unii + V NOL	0									

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Pages 1, 2, 3 should

TO THE FUNERAL BE filed within 72 IMPORTANT: If	. OR ALLENDING PRINCHAN: THE LAW REQUIRES THAT THE GEARL CERTIFICATE DE EXECUTED WITHIN 24 HOURS after Geath. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached by use as the burdal-transfer	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	them 28 is marked, or them 23 shows any Injury or other traumatic event the medical eventions must be avoided at account
TO THE FUNERAL DIRECTO TO THE FUNERAL DIRECTO De filed within 72 hours aff IMPORTANT: If item 28	ENDING	JR: Aft	ter dea	E S
TO THE FUNERAL DIF Be filed within 72 hou	2	2500	irs aft	m 28
TO THE FUNERA TO THE FUNERA TO FILE WITHIN 7	AL OF	A DIF	2 hou	If ited
	ווו וחב חטפרון	TO THE FUNER	be filed within ?	IMPORTANT

PHYSICIAN:

BY

COMPLETED

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92 00529 92-0145-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Arlie Μ. Smith 1992 0.1 09 1:10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 236-32-0788 1 🗌 M 2 😓 F HOURS 85 YRS 01 Wirginia 09 1992 W. 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1107 S. Baylis Street Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 NES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Baylis Street 21224 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian FORCES? 1 YES 2 NO 1 Never Merried 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO BY 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 2 House Wife Domestic 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Z. Rufus Morris Virgie NMN Hudnall BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty James Baylis Street 1107 Baltimore, Md. 21224 20a. METHOO OF DISPOSITION
1 | Burlet 2 | Cremetlon 3 | Removal from Stata
4 | Donation 5 | Cother (Specify) | Enternance 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Woodlawn Mem. Park 1/14 Bluewell , W. Virgina 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1800 E. Lombard 1800 E. Lombard St. Balto., Md 21231 Mark A. Chojnacki F.H. 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart feliure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition_ . DTHROSCUMOSIC CADDIOVASCULAR DISPOSE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO

WES 2 NO

COMPLETION OF CAUSE DF DEATH? YES 2 NO

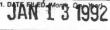
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 🂢 Residence 8 ☐ Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, tarm, atreet, fectory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated.

2 🔀 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner on stated. 296 SIGNATURE AND TITLE OF CERTIFIE

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) theyhe 01 .C.M.E 10 1992 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1. Worn Julie Burilling Superior 111 Penn Street, Baltimore Maryland



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and a 1 min

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A A PARTY	Z Z Z		UH AT IENDING PHYCLIAN: The law requires that the death certificate be executed within 24 figure after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	72 hougs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be marked, or item 23 shows any Injury, or other traumatic event.
K AN E		Z Z Z	AL UH	THAL DIR	72 hour	If iten

BALTIMORE, MARYLAND 21215-0020

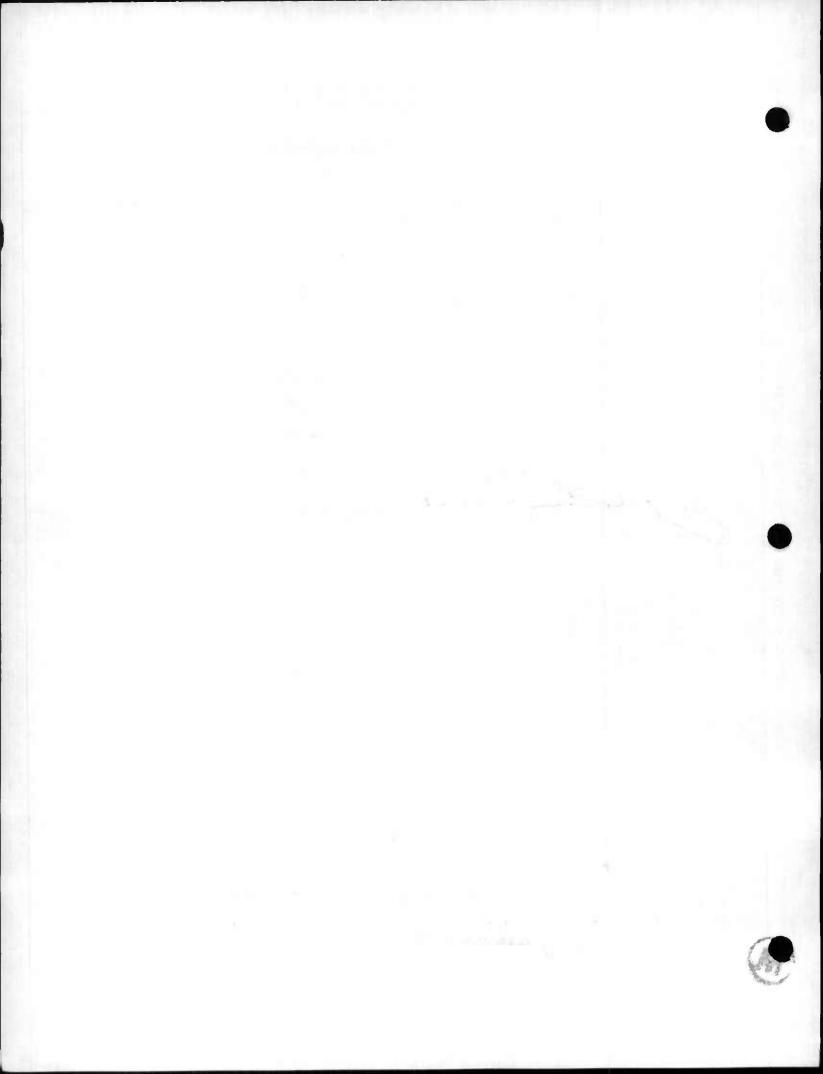
	1 - STATE REGISTRAR		C	ERTIF	ICATE	OF DEAT	H	REG. NO			,0000
	1. DECEDENT'S NAME (First, Middle, Last					OI DEAI		. DATE OF DEATH			3. TIME OF DEATH
	WALTER Ambrose				NEAD			01 05 190			100 MODEL
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS. 7	DATE OF BIRTH		7	PLACE (State or Foreign
	220-14-8422	1 XIX 2 □ F	66	YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year) 10 1 1 1	925	Country	1)
	9e. FACILITY NAME (If not institution, give	street and number)	- 00		9b. CITY, TO	WN OR LOCATIO			_	NTY OF DE	aryland
O.	SINAI HOSPITA				BALT	IMORE	CITY	,			
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN						OLLI				
DIRECTOR		17		10c, CIT	Y, TOWN OR I	OCATION					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER				Balt	imore					1 TYES 2 NO
FUNERAL						101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
≝	5322 Wabash A	Venue 12. WAS DECEDEN	T EVED IN II O	- Distance		2121				USA	
	1 Never Married 2 Married	FORCES?	YES 2	NO	If yo	e, specify Cuban.	, Maxican, F	ORIGIN? (Specify Yar Puarto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
E	3 X Widowed 4 Divorced	World			1 -	YES 2 NO	Specify:			Specif	
	15. DECEDENT'S ED	CATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/IND	USTRY	Black
	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of to te. Do NOT us	vork done duri se retired.)	ng most of working	!				
N N	C	ollege	4	T	llust	rator		Social	Sec	ruri	ty Admin.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ER'S NAME	(First, Middle, Maiden	Sumame)	CULI	Cy Admirii.
BE	Robert Lee Ba	iley				Flo	renc	ce Snead	1		
0	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (St	reet and Number o	or Rural Rout	te Number, City or Tow	n, State, Zip	Code)	
-	Cynthia A. La	rkins		1686	Wave	rly Wa	y E	Baltimor	e, l	D	21239
	20a METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Reg	noval from Stata		AND DATE O	OF DISPOSITIO	N (Name of			CATION —		
	4 Donation 5 Other (Specify)			eter	an Ce	mGarri	son	1/9 Ow	inas	Mi 1	1c MD
ľ	21. SIGNATURE OF TUNERAL SERVICE L	CENSEE		0	22. NAR	ME AND ADDRESS	S OF FACILI	™ Nutter	Fun	era1	Homes Inc
	Comt	KTE	Erry	12	25 Ba	Ol Gwy 1timor	nns	Falls Faryland	arky	vay.	
	23. PART I. Enter the dissesses, or	complications the	t causad the d	leath. Do n	ot enter the	mods of dyln	g, such s	s cardisc or respi	ratory srr	est	Approximats
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only only cau	ss on each lin	18.				,,	,		Interval Between
	disease or condition	ARTERIO	CCIEDO	יייני	CADDI		ITT A D	D T 0 T 1 C	-		Onset and Death
	resulting in desth)	ARTERIO OUE TO	(OR AS A CONSE	EQUENCE OF	OAKD.	LUVASCI	ULAK	DISEAS	E		
2		Sequentially list conditions b.									
2	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury	c									
	that initiated eventa resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE OF):						
Ź	Country of Country Exist	d									
الي	PART II. Other significant condition	ns contributing to	death but not	rasuiting i	n the under	lying cause giv	van in Par	t I. 24e. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
2								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								1 TYES 2	Х] но	'	OF DEATH?
								INQU	IRY		YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF DEA	TH (Check)	`			
TSICIAN	EXAMINER?	HOSPITAL:	VER/Outpetlant	3 🗆 004	OTHER:						
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME		Home 5 Resi		d. DESCRIBE HOW II	VILLEY OCC	UBED	
1	Natural 5 Pending	(Month, D.	sy, Year)	INJ	JRY	WORK?				ONLD	
	2 Accroem								or Rumi Bo	ufa Number	
3	4 Homicide determined	building,	atc. (Specify)					City or Town, State)	THE THEIR DOT	0. 110.0.770	or rearrow,
- 1	J 29a. CERTIFIER										
	CERTIFYING PHYS	(Check only one) (Check									
	(Check only CENTIFYING PHYS	R: On the basis of a	no/bns noissnings		-, in my opinio	in, death occurred	or tree title	r, data and pieca, and	due to the	canse(s)	
COMPLEC	(Check only one) 2 XMEDICAL EXAMINE	R: On the basis of a	innation and/or								
DE COMPLET	(Check only CENTIFYING PHYS	R: On the basis of a	amination and/or			29c. LICEN					Month, Day, Year)
The Commit	(Check only one) 2X MEDICAL EXAMINE 232 MONATURE AND NITS OF CENTIFIE	R: On the basis of a	7				M . E				
	(Check only One) 2 MEDICAL EXAMINE 286. SIGNATURE AND TITLE OF CENTIFIE 36. NAME AND ADDRESS OF PERSON WY	R: On the basis of a	7	M 27) (Type,	Print)	0.C.	М.Е.		▶01	-05-	Month, Day, Year)
	(Check only One) 21 MEDICAL EXAMINE 286. SIGNATURE AND PUTS OF CENTIFIE 36. NAME AND ADDRESS OF PERSON WITH	R: On the basis of an process of the	7	M 27) (Type,	Print)	0.C.	М.Е.		▶01	-05-	Month, Day, Year)

SPECE IN SPECE OF THE PROPERTY
	FOR STATE REGISTRAR
,	1. DECEDENT'S NAI
ì	JOSEPH
ı	4. SOCIAL SECURIT
ı	168-14-1
	9a. FACILITY NAME
Ì	NORTH A
I	NORTH A
Ì	10a. STATE
1	MARYLANI
I	10e. STREET AND N
ı	7499 MON
	7499 MON 11. MARITAL STATUS
I	1 Never Married
	3 Widowed 4
I	(Spi
ı	Elementary/Seco
ı	0-12 yrs
ı	17. FATHER'S NAME
I	JOSEPH S
ľ	19a. INFORMANT'S I
I	ELSIE CO
	20e. METNOD OF DI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RITER	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, JOSEPH	Lest)		CO	UMTDE		2. DATE OF D	EATN DAY	3. TIME OF DE	
		J			HMIDT		01	12	92" 08:00 A	AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I	//	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	ALH.	8. BIRTNPLACE (State or	Foreign
	168-14-1192	1 💢 M 2 🗆 F	70	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, 07/0	1/21	MARYLAND	
	9a. FACILITY NAME (If not institution,	give street and number)		9	b. CITY, TOWN	OR LOCATION OF D			COUNTY OF DEATH	
DIRECTOR	NORTH ARUNDEL	HOSPITAL AS	SSOCIATIO	ON	GLEN	BURNIE			A.A. COUNTY	<u> </u>
2		DUNTY		10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CIT	TY
		NE ARUNDEL		JE	ESSUP				1 TES 2	NO
FUNERAL	10e. STREET AND NUMBER				10	. ZIP CODE		10g	CITIZEN OF WHAT COUNTRY?	,
ÿ.	7499 MONTEVIDE					20794			USA	
5	11. MARITAL STATUS 1 Never Married 2 XMarried		EVER IN U.S. ARMI	ED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Sp	ecify Yea or No	- 14. RACE - American Inc	dlan,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO Specif		atc.)	Black, White, atc. Specify:	
COMPLETED	16. DECEDENT'S	EDUCATION	18a. DECE	EDENT'S US	UAL OCCUPATION	ON .	16b. KIND	OF BUSINESS	WHITE	_
Ē	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+	(Give	kind of world NOT use n	k done during mo etired.)	st of working	1000	0. 000	//////////////////////////////////////	
AP I	0-12 yrs.			AUFFE	IR.			חמות	CKING	
Ö	17. FATHER'S NAME (First, Middle, Las	st)				18. MOTHER'S NA	ME (First, Middle,			
BE (JOSEPH SCHMIDT					MAR	IE SPIN	DLER		
TO	19a. INFORMANT'S NAME (Type/Print)		19b. i	MAILING AD	DRESS (Street a	nd Number or Rural			a, Zip Code)	
-	ELSIE COUSINS	SCHMIDT	7	499 M	ONTEVI	DEO COUR	T JESS	IIP. MA	RYLAND 20794	
	20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 C	Removal from State	20b. PLACE AN	DDATEOF	DISPOSITION (Na	ma of			N — City or Town, State	
	4 Donation 5 Other (Specify)		MEADO	NRIDG	E CEME	TERY O	1/14/90	DORS	EY, MARYLAND	
	21. SHUMATURE OF FUNERAL SERVI	CE LICENSEE	0			ID ADDRESS OF FA	CILITY			
	10		-Sy.			BROSE FUI 28 SULPHI				
\supset	21. PAST i. Enter the diseases	, or complications that	caused the deat	h. Do not	enter the mo	de of dying, suc	h as cardiac o	r reapireton	arrest, Approxim	nate
	ahock, or heart fail	die. List Offiny Drie Caus	e on each line.						interval l	Between
	disease or condition reaulting in death)	C	ONGES	tlV.	E 1	HBAR!	FI	A 66.6	RE	id Death
Z	DUE TO (OR AS A CONSEQUENCE OF): CARDIO MYOPATHY Sequentially list conditions,									
Ĕ	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
5	CAUSE (Disease or injury	c]
Ē	that initiated eventa resulting in death) LAST	DOE 10 (OR AS A CONSEQUI	ENCE OF):						
CERTIFICATION		d								
	PART II. Other aignificant cond	litions contributing to	leath but not res	ulting in t	the underlying	cause given in		WAS AN AUTOP		FINDINGS
EDICAL								YES 2 NO	AMAILABLE PRIOR COMPLETION DF	
ME									DF DEATH?	NO
										7.2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				ACE OF DEATH (Che	ock only one)			
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3 🗆		THER: Nursing Nome	5 🗆 Realdence	6 Other (Spec	ify)		
F	27. MANNER OF DEATH	28a. DATE OF I (Month, Day		86. TIME O			28d. DESCRIBE	NOW INJURY	OCCURED	
B	1 Natural 5 Pending 2 Accident Investigat	Hon				ES 2 NO				- 1
ED	3 Suicide a Could no	, farm, stree	et, tactory, office		28t. LOCATION	(Street and Num	nber or Rural Route Number,			
E .		Na .						. (1010)		
로	29a. CERTIFIER 1 CERTIFYING F	HYSICIAN: To the best of n	y knowledga, daath	occurred a	t the time, date	and place, and due	to the cause(a) a	and manner as	stated.	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								o the cause(e) and manner as	atated.	
BE	296. SIGNATURE AND TITLE OF CERT	IFIER \	7		T	29c. LICENSE NUM	IBER	29d. I	DATE SIGNED (Month, Day, Year)	
	Jawaeu	n A	mple	ul g	2	- 038	912	•	1/12/97	>_
F	30. NAME AND ADDRESS OF PERSON								((
	SALVICON A. DU	JPAYA, M.D.			DRIVE/	GLEN BUI	RNIE, MA	ARYLAN	D 21061	
	JAN 1 3 1992	Gina David	S SIGNATURE LO	2						





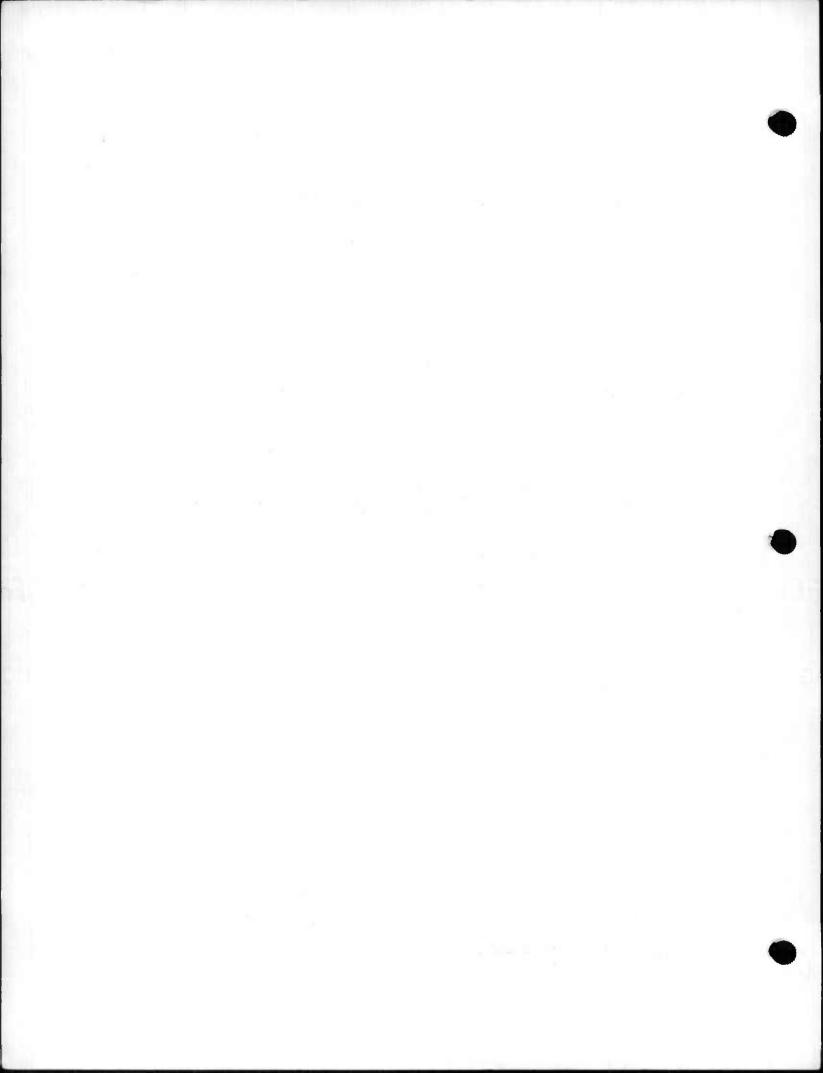
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moding after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		L HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			TIME OF DEATH	
	Benjamin L. Turner	r				January 8			0400 M	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8. B	IRTHPLA	CE (State or Foreign	
	237 40 1703 98. FACILITY NAME (If not institution, give str	1 ☑ M 2 ☐ F 60	YRS.	DAYS	R LOCATION OF OR	(Month, Day, Year) 12-25-31	9c. COUNTY C		1.C.	
DIRECTOR	Loch Raven VA Medical Center BALTIMORE									
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d	I. INSIDE CITY	
a	MD		Balt	imore				1]	XYES 2 NO	
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WNAT	COUNTRY?	
E	2436 TERRA FIRMA	ROAD		2	1225		U.S	.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	It yes, spi		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		Black, WI Specify:	American Indian, hita, atc.	
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S US	SUAL OCCUPATION	DN .	16b. KIND OF BUS	SINESS/INDUSTI		LACK	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use I SELF EM		st of working	PACKAGED	GOODS	STO	RE	
Ř	12th 17. FATNER'S NAME (First, Middle, Last)		JLLI LII	LOTED	40 MOTHER'S NA	ME (First, Middle, Maiden				
	WILLIAM TURNER,	JR.			MAYONIE		Surnamej			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code	9)		
임	ALICE B. TURNER					ALTIMORE,				
	20e. METHOD OF DISPOSITION 1 Surfail 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State OWINGS MILLS, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE									
	23. PART I. Entar the diseeses, or co	omplications that coused	the death. Bo no					7.1.	Approximate	
	shock, or heart failure. L	list only one cause on a	ach lina.						Interval Between Onset and Death	
	disease or condition	Asystole							15 min	
	resulting in death)		CONSEQUENCE OF):						15 111111	
z	Respiratory Arrest									
	Sequentially list conditions, If any, leading to immediate B. Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury									
CERTIFICATION	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
8	-	l								
AL	PART II. Other significent conditions	PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WI								
2	end stage renal dis	end stage renal disease 1 № YES 2 □ NO								
MEDIC	profound metaboli	c acidosis							OEATH? ☐ YES 2 📆 NO	
ż										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATN (Ch	eck only one)				
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outp		OTHER: Nursing Non	e 5 🗆 Residence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT	28d. OEŞCRIBE NOW	NJURY OCCURE	EO		
BY	2 Accident Investigation				YES 2 NO					
COMPLETED	3 Usucida s Could not be datermined 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
LE .	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my know	riedge, death occurred	at the time, date	and place, and due	to the cause(s) and ma	nnar as stated.			
ME	CONSTRUCTION OF THE CONSTR	R: On the basis of axamination						use(s) an	nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				onth, Day, Year)	
띪	Adelanco de	1) MEDERS	×		AA AA A	-20	•		own, way, rody	
2	30. NAME AND APPRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. F	Print)	MIKE	50	1/8/9	12.		
	E. W. Capacio, M.				imore. M	D 21218				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	ary Dare						
	IAN 1 3 1992	Islia Davidson	Pandelle							





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

RAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be a marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIFI	TMENT OF I			GIENE S. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	AKA	William	Talbot	t	2. DATE OF DEA	ATH		3. TIME OF DEAT	Н
John	W	Talbott	Sr		Januar	DAY V 10. 1	YEAR QQ2	7:30	P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	TH	8. BIRTH	PLACE (State or For	_
217-01-2830	12K M 2 F	92 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 27		We 5	t Virgin	าร์เล
9e. FACILITY NAME (If not institution, give s	reet end number)		9b. CITY, TOWN	OR LOCATION OF			NTY OF DE		120
Manor Care Towson	n		Tows	on		Ba	altim	ore	
10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	ION				10d. INSIDE CITY	
Maryland Balti	more	Ess	ex					LIMITS?	NO
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT		HAT COUNTRY?	_
420 Lorraine Aven	ue			21221		11.	S.	Δ	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Spec			- American India	_
1 Never Married 2 Merried	FORCES? 1 1		If yee, sp	2 KNO Speci	an, Puerlo Ricen, el	lc.)	Black	White, etc.	1,
32 Widowed 4 Divorced			1	2 22.110 Speci	y.		Specify	White	
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND (F BUSINESS/INC	DUSTRY	***************************************	_
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo e retired.)	st of working					
8		Foreman	n		Stee	1 Compa	กซ		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, N				
Isaac M.	Talbott			Naomia		Wilk			
19a. INFORMANT'S NAME (Type/Print)	1012000		ADORESS (Street e		Route Number, City				_
John W. T	albott				nue Balt			1 1 030	
20e. METHOD OF DISPOSITION		20b. PLACE AND DATEO				DE. LOCATION			U.
Burial 2 Cremetion 3 Remo	wal from State	Bel Air Me	her place)						
21. SIGNATURE OF UNERAL PRIVICE LIC	afficial /	per with La	En .	1/13	100	Bel Ai	r, M	aryland	
11/1/		1			Funeral	Liama DA			
Ducker /	1-20	Esh -	1407	Eastern	Avenue	Baltimo	no l	/A 2122	רי
disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury).	AS A CONSEQUENCE OF):	W(r	Falur	6	2	month	- 1
that initiated events resulting in death) LAST PART II. Other significent conditions	J	AS A CONSEQUENCE OF		ceuse given in	PE	AS AN AUTOPSY PRFORMED? ES 2 HO	1	WERE AUTOPSY FIN WAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
					_		1.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)				_
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/		OTHER:		a Other (Specify				
27. MANNER OF DEATH	28e. DATE OF INJU	IRY 28b. TIME	OF 28c, INJ		28d. DESCRIBE H		LUBED		
1 Natural 5 Pending	(Month, Day, Ye	er) INJU	RY WO		DEGOTTOE P				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN.	URY — At home, farm, at			261 00471011 17	American Maria	** P		_
4 Homicide 6 Could not be	building, etc. ((Specify)			26f. LOCATION (S City or Town,	Stete)	ur Hural Ho	uw Number,	
29e, CERTIFIER									
(Check only 1 CERTIFYING PHYSIC	IAN: To the best of my k	nowledge, death occurred	s at the time, date	end place, end due	to the cause(a) an	d menner as stat	ed.		
MEDICAL EXAMINER		ration end/or investigation	, In my opinion, de	ath occured at the	time, date end place	ce, end due to th	e Ceuse(e)	end menner ee sta	ted.
29b. SIGNATURE AND TITLE OF CERTIFIER		12		29c. LICENSE NUI	MBER	29d. DATI	E SIGNED	Month, Day, Year)	_
& Italan	ns N	11)	× 1	V33 3	23		/12/	9 1	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type. I	Print)	230-10		/	13/	10	
Toronto Alan	MO	2.7 (1760)	,						
31. DATE FLED (Month One Year)		MANUSC					-		
JAN 1 3 1992	32. REGISTRAR'S S	hander							

The state of the s

FOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI	ERTIF	ICATE OF	DEATH	Я	EG. NO.		
	DECEDENT'S NAME (First, Middle, Lest) MARY	Α.	TAYLOR	*			JANUARY 5, 1992			3. TIME OF DEATH 8:10 A M
	4. SOCIAL SECURITY NUMBER 216-46-0075	5. SEX 1 M 2 X F	6. AGE (In yrs. los 92	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	SEPT	BIRTH	8.	BIRTHPLACE (State or Foreign Country) INDIANA
OR	99. FACILITY NAME (If not institution, give street and number) WILSON HEALTH CARE					96. CITY, TOWN OR LOCATION OF DEATH GAITHERSBURG MONTGOI				
FUNERAL DIRECTOR	MD. MONT	GOMERY	10c. CIT	y, town or loca GAITH	TION ERSBURG			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
ERAL	100. STREET AND NUMBER 301 RUSSELL AVENUE				10	20877			OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE	IT EVER IN U.S. AR	NO	If yes, sp	endent of Hispar ecity Cuban, Mexica 2 No Specifi	in, Puerto Rica		2,000	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+) (G	ilve kind of . Do NOT u	usual occupati work done during me se retired.)	st of working	BU	REAU	OF EN	GRAVING
BE COM	17. FATHER'S NAME (First, Middle, Last) FRED LAMOREUX					18. MOTHER'S NA	ME (First, Midd KNOWN	le, Maiden Sc	ırname)	
TO B	190. INFORMANT'S NAME (Type/Print) FRED R. TAYLOR				CARTHA					
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)	OF DISPOSITION (Name of cometer), cremetory or 20c. LOCATION — City or Town, Star LINGTON NATIONAL CEMETERY ARLINGTON, VII						N, VIRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LI	H-Ba	wher	/		D ADDRESS OF FA EL H. BA LAYTONS				E 20882 SVILLE, MD.
ATION	23. PART I. Entst the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one ca	use on sach line	8.		de of dying, such				interval Between
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	d.	(OR AS A CONSE	R AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to		in the underlying	g cause given in		a. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C/	heck only one)			
YSI	1 TES 2 (0	1 Inputient 2	☐ ER/Outpatient :	_		ne 5 🗆 Residence				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Day, Year)		M 1	JURY AT ORK? YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At hi , etc. (Specify)	ome, farm,	street, factory, offi	:0	28f. LOCATIO City or To	DN (Street an bwn, State)	d Number or	Rural Route Number,
COMPLETED	Check only 2 MEDICAL EXAMIN									cause(e) and manner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIE	· W.)	80			29c. LICENSE NU	MBER 92		29d. DATE S	IGNED (Month, Day, Year) Jim 92
	30. NAME AND ADDRESS OF PERSON W	· GIL	, M.D.	EM 27) (Type	6, Print) 500/ Z	rief M	illel	CATY	hester	ng MD 20878
	JAN 13 1992	Julia Dan	AR'S SIGNATURE	المال		/ /				/-

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the incurs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event,
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has the hours after death with the State Dept	item 28 is marked, or item 23

ITAL OR ATTENDING PHYSICIAN: The law requires

L DIRECTOR: After the 2 hours after death v

RAL 72 WT.

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

92 00535 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle 15.4 2. DATE OF DEATH BENJAMIN FRANKLIN TYREE 4. SOCIAL SECURITY NUMBER b. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 1 M 2 F 220-03-6329 YRS Nov 13 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3203 Phelps Lane Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 17 YES 2 | NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3203 Phelps Lane 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ric YES 2 NO Specify 3 Widowed 4 Divorced Specify: World War Black 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) United State's Aide US Civil Svc Commission 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Swanson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louise Whitaker 3203 Phelps Lane Baltimore, MD 21229 20a, METHOD OF DISPOSITION
1 | Burlai 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Veteran CemGarrison 1/ Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc ternon 2501 Gwynns Falls Parkway Baltimore, MD 21216 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ehock, or heart fellure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition_ Dulmonnge resulting in death) Unknown TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSPOUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO

						1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	Theck only one)				
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetien	OTHE							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIM		28c. INJURY AT WORK? 1 YES 2 NO	K?				
3 Suicide a Could not be determined	28s. PLACE OF INJURY — At home, tarm, street, tactory, offica building, etc. (Specify)				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 __ MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE-ODICERTIFIER 29c. LICENSE NUMBER

33446 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Kenneth H. Williams, M.D., P.A., 516 N. Rolling Road, Suite 208, Baltimore, MD 21228

JAN 13 1992

22. REGISTRAR'S SIGNATURE

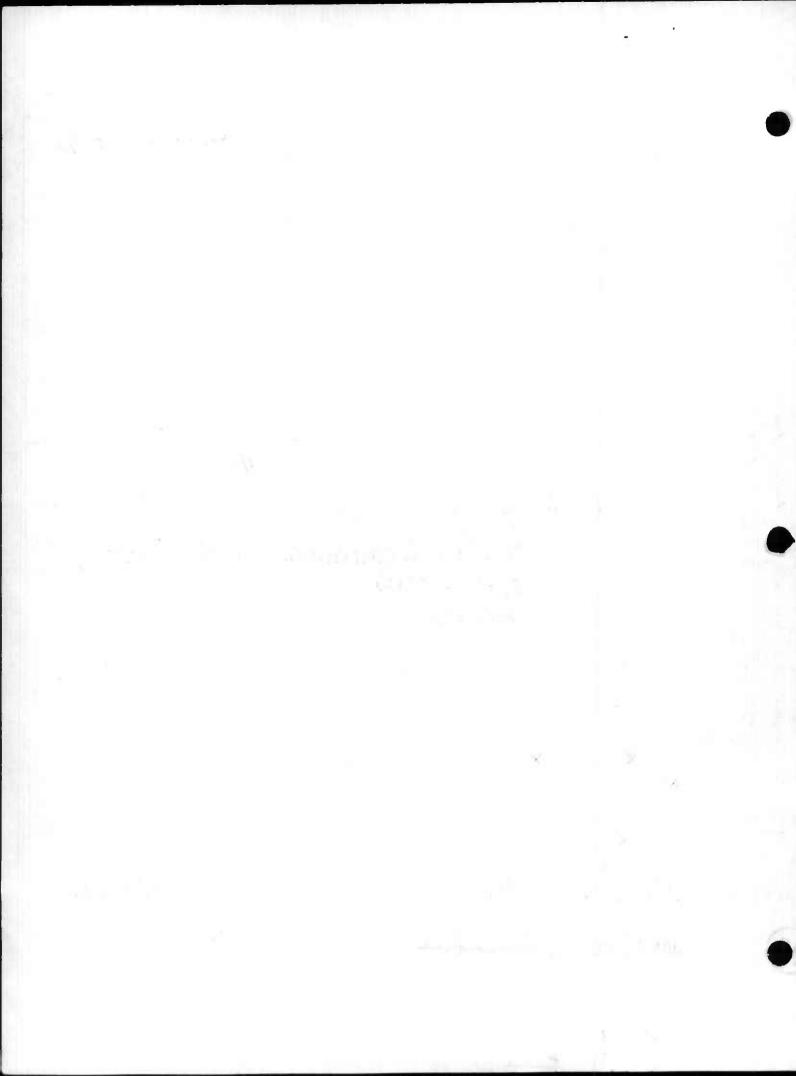
29d. DATE SIGNED (Month, Day, Year)

Ground Delward Actually

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health Mygline prior to burial, cremation, or remote a market as the burial-transit permit. Pages 1, 2, 3 should be filed within 78 its market as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 78 its market as the burial-transit permit and the property of the proper
The state of the s

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH	MENTAL HYGIEI	NE 92	00536		
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES TOWN		as		2. DATE OF DEATH MONTH	9/9/	EAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	181-14-7296	1 € M 2 □ F	71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give	10 03 1920 Pennsylv								
TOR	CHURCH HOSPITAL RESIDENCE OF DECEDENT 96. COUNTY OF DEATH BALTIMORE									
2	10a. STATE 10b. COUNT	ГҮ	10c. CITY	, TOWN OR LOCAT	TON			10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland Balti 100. STREET AND NUMBER	more	Dur	ndalk	. ZIP CODE					
ER/	Leslie Rd. 1707	,			1222			d States		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Specify Ye		RACE - American Indian		
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO ATES	If yes, sp	ecify Cuban, Maxi	can, Puarto Rican, etc.)		Black, White, etc.		
BY	3 Widowed 4 Divorced	WW 2 & Kor	rea		NO Spec	ary.		Specify White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION OF done during mo	ON .	16b, KIND OF BU	JSINESS/INDUS	TRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	at or working					
MP	12		Maintena	ince Lead	der	J.M. Huk	er Cor	p.		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maider				
BE	Lewis NMN			Coppri	usia NMN	Denn	is			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rura	I Route Number, City or Tox	wn, State, Zip Co	ole)		
	Mary B. Thomas		Lesli	e Rd. 1	707 Di	undalk, Md.	21222			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	noval from State Carr	PLACE AND DATE O	FDISPOSITION (Na	me of		OCATION — City	or Town, Stata		
	4 L Donation 5 L Other (Specify)	ISa	cred Hea	rt of Ma		1/13 Du	ındalk,	lk, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		1 005 T	D ADDRESS OF F	ACIUTY Dolle	БМ	21224		
	Mark C	1. Chamer	hi	W. Dal	prowski-	-Chojnacki	Funera	21224 1 Chapel P.A.		
CERTIFICATION	Interval Between Onset and Death Coo (au fix Caurum au fix) Due to (or as a consequence of): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST Line Cause of the conditions o									
ا ل _ة	PART II. Other eignificent condition	ne contributing to deeth be	ut not resulting li	the underlying	ceuse given le	Part 1. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR T				
PHYSICIAN: MEDIC	,					1 _ YES :	COMPLETION OF CAUSE OF DEATH?			
Σ								1 TES 2 NO		
Ž		TE								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)				
\Z	1 VES 2 NO	1 pertiant 2 ER/Outp			8 Other (Specify)					
표	27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		PRY AT	28d. DESCRIBE HOW	NJURY OCCUR	EO		
à l	1 Natural 5 Pending 2 Accident Investigation									
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 28l. LOCATION (Street and Number or Rural Poute Number, City or Town, State)									
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the basis of examination	edga, death occurred	of at the time, data	and place, and du	a to the cause(s) and ma	nner as stated.			
	29h, SIGNATURE AND UTIL OF CERTIFIE			, my opinion, de						
	D. dlar	E, MD			29c. LICENSE NUMBER			SINED (Minth Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH									
-	CHURH HOSDT 31. DATE FILED (Month, Day, Year)	TAL 100N B	ROADWAY	MX	SALTIM	ORE MD.				
	JAN 1 3 1992	32. REDISTRAT'S SIENI	ndell	ura = ·		- TID.				





M. Ilabelle that gelger to D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Savidson-Randon

M. DBASELLE

JAN 13 1992

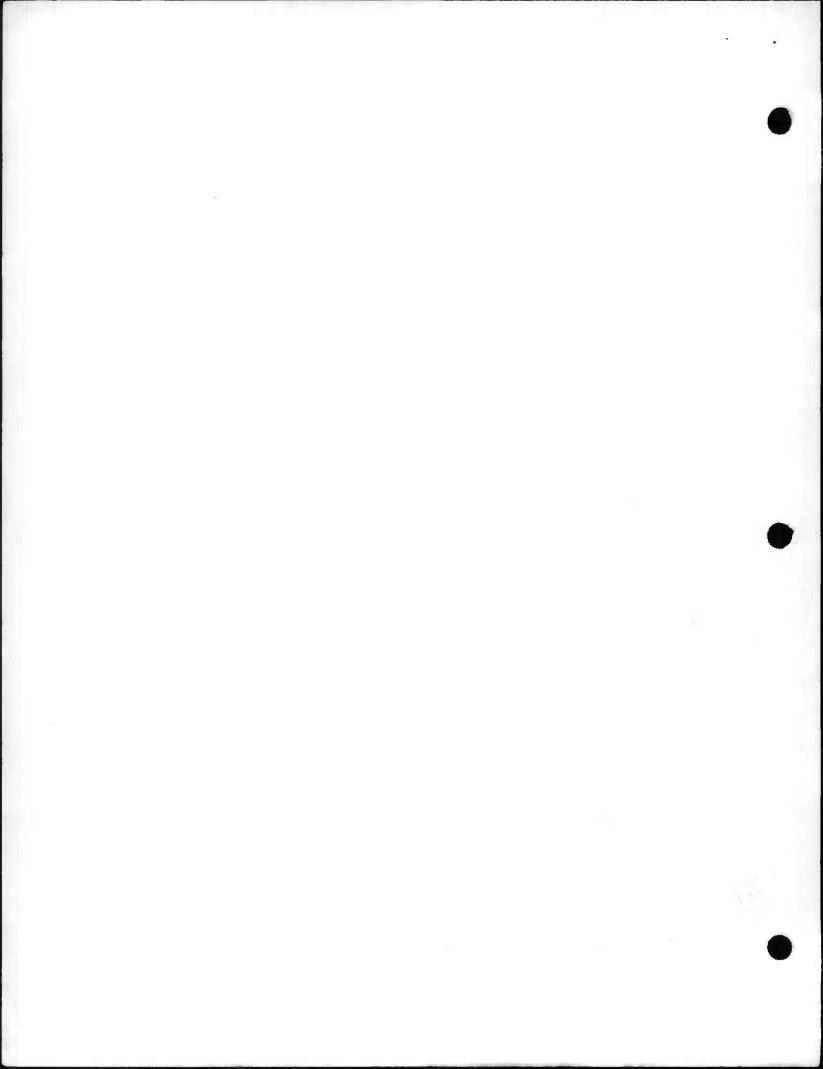
	it. Pages 1, 2, 3 should		
ttending physician.	e as the burial-transit perm		
ained by the hospital or at	hould be detached for use		ified at once.
death. Page 6 may be ret	funeral director, page 5 s		examiner must be not
HYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	rdificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e death certificate be exec	he attending physician and	Mental Hyglene prior to bu	jury, or other traumat
i: The law requires that th	cate has been signed by t	State Dept. of Health and	Item 23 shows any In
TTENDING PHYSIC	UNERAL OIRECTOR: After this certifi	A thin 72 hours after death with the	em 28 is mark
THE MOSPITAL OR A	HE BINERAL (hed Althin 72 h	OFTANT: IF II

	FOR STATE REGISTRAR		STATE OF I		/ DEPAR						YGIENE EG. NO.	9	2	005	3	7
	1. DECEDENT'S NAME (First	, Middle, Last)			<u> </u>	IOAIL	<u> </u>	DEAI		2. DATE OF E	DEATH			3. TIME OF	DEATH	
	Margaret V.	Under	boow							MONTH	09-	′	92	2.1	0	PM
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7. DATE OF E	URTH	-	8. BIRTI	HPLACE (State		oign
	213-03-3554		1 - M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Mar	yland		
	9a. FACILITY NAME (If not in		9b. CITY,	TOWN C	R LOCATIO	N OF DEA	V 100 - 100 - 100	-03	9c. COU	NTY OF E						
۳ ا		Kes	wick Hom	e			Ba1	timo	re						_	
5	RESIDENCE OF DEC	10b, COUNT														
DIRECTOR	10a. STATE	10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE	CITY ?				
	Maryland	Baltin					timore	2			1XXYES		10			
FUNERAL	10e. STREET AND NUMBER		. 1 A .		101. ZIP CODE					01011		10g. CIT		WHAT COUNT		
NE I		9 кота	nd Avenu							21211			_	U.S.A		
5	11. MARITAL STATUS 1 Never Married 2	Married		YES 2	ARMED	19	yes, sp	city Cuban	, Maxican,	C ORIGIN? (S , Puerto Ricar		or No-	Blac	E — American ck, Whita, etc.	n Indiar	1,
BY	3 🔀 Widowed 4 🗌 Divo		IF YES, GIVE Y	WAR OR DATES		1	T YES	XX NO	Specify:				Spec	Specify: White		
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N .		16b. KIN	D OF BUS	INESS/IN	DUSTRY			
	(Specify oni	y highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done du ise retired.)	uring mo	st of working	7							
7	12th			,	Bookb	inder	2									
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTH	ER'S NAM	IE (First, Middl	e, Malden S	Sumame)				-
BE C	T	homas	H. Joy]	Bernic	e Pe	ddic	cord			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, (City or Town	, State, Zi	(p Code)			
2	Mrs. Lois A	1ban				1429	Med	field	d Ave	enue	Balt	imor	e, N	10 21	211	
	28a METHOD OF DISPOSIT	TION	novel from State	20b. PLA	CE OF DISPO	SITION (Nan	ne of cer	netery, cremi	ntory or					own, Stata		
	4 Donation 5 Otha	r (Specify)	4	_ Dula	ney Valley Memorial Park Cock						keysville, Maryland					
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CHNSEE	1	_											
	Skepe	us Q	Venss	larp	inh		_							ryland	21	211
	23. PART I. Enter the dahock, or h	llagases, or eert fallure.	complications the	at caused the use on each I	death. Do ine.	not enter	the mo	de of dylr	ng, auch	as cardiac	or reapl	ratory a	rrest,		oxima val Be	te tween
	IMMEDIATE CAUSE (Fi	nel	P.										Onse	et and	Deeth	
	resulting in death)	→	1 neu	non	<u>م</u>											
			DUE	OR AS A CON	SECUENCE (JF}:										
CERTIFICATION	Sequentially list condi-		b. DUE TO	OR AS A CON	SEQUENCE (OFI:										
FA	If any, leeding to imme ceuse. Enter UNDERLY			•										ļ		
F	CAUSE (Disease or injuthat initiated events	ury	DUE TO	OR AS A CON	SEQUENCE (OF):										
E	resulting in death) LAS	ST	4													
2	D107 II OII - I III									T.				1	2	
AL	PART II. Other algnific			4	-	in the un	derlyin	g cause g	iven in F	Part I. 24	PERFOR		24	AVAILABLE	PRIOR 1	то
Dia	Thurst	- My	will.	demen	HW.					_ 1	YES 2	TIMO		OF DEATH?		AUSE
ME				_						_				1 TYES	2 🗌 N	10
ÿ			,													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕМ	_	ACE OF DE	EATH (Che	ck only one)						
YS	1 YES 2 40		1 inpatient 2			4 PNum	ing Hon		sidence (8 Other (S)						
	27. MANNES OF DEATH 1 Netural 5	Pending	28a. DATE O (Month,	Day, Year)	28b. Ti	JURY		PRK?	ומור	26d. DEŞCR	BE HOW I	NJURY O	CCURED			
BY	2 Accident	Investigation	28e PLACE	OF INJURY — A	t home, ferm	street facts			1110	284 LOCATIO	ON (Street s	and Numb	er or Rumi	Floute Numbe	,	
TED	3 Suicide 8 4 Homicide	Could not be detarmined	building	, atc. (Specify)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 01.001, 1001	.,,			City or T	own, State)		or or rioral	Todio Italia	,	
COMPLET	one)		SICIAN: To the best of												G = 40	
00	2 MEL		ER: On the basis of	exemination and	vor investigat	ron, in my o	pinion, (a piace, an	_				ared.
BE	M - Teale			ones 1	7)			la.	NSE NUM				TE SIGNE	D (Month, Day	(Year)	

29c. LICENSE NUMBER 0/3657

KESWICK, 700 W 40 th Street. Bacto Ma 21211

1-9-92



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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\leq	OR
	TAL

2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR 92 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) 53-05-5932 Day Yo HOURS 1 M 2 DF 04 N. after death. Page 6 may be retained by the hospital or attending physician. Yeges 1, 2, 3 should by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR OC RESIDENCE OF DECEDENT -vergreen Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1timore 1 4ES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Eberle Dro 6630 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMSS FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married It yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 10 Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th tony Worsted mi Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Steven te. KOCZUY BE Helen KOCSUVak notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Florence read Eberle Dr. Balto, mo 21215 pe 20a. M57HOD OF OISPOSITION
1 Burlat 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE 1/11/2 Baltimore 4 Donation 5 Other (Specify) Cemetery Woodlawn mD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral la. HOME dus Warren THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4300 Wabash Ave. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition (ventricula Item 23 shows any Injury, or other traumatic event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) tseun CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL . OTMER: 1 Inpatient 2 ER/Outpatient 3 DOA 28 Is marked, or 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO 26c. INJURY AT WORK? 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined MPORTANT: If Item 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITL BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10/92 223 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 00538

REG. NO.

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furber filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other

	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAF	RTMENT OF	HEALTH	AND	MENTAL HYGIEN	IE (32	00539
_	REGISTRAR		CE	RTIF	ICATE OF	DEAT	ГН	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	-						2. DATE OF DEATH	MY .	V= 4=	3. TIME OF DEATH
	Cheryl A	. Wh	ite					01 0	14	YEAR	12:50 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER ! YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	216-74-8053	1 ☐ M 2💢 F	32	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 01-20-	59	Countr M.	
OR	9a. FACILITY NAME (# not institution, give s Union Memoria		al		96. CITY, TOWN OR LOCATION OF DEATH Baltimore City					NTY OF D	EATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				10c. CITY, TOWN OR LOCATION						
DIRECTOR	MD INC. COONT	*		Baltimore					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			БС	11 0111101				1X YES 2 NO		
FUNERAL	417 7 0411 61		- '		010	10g. CITIZEN OF WHAT COUNTRY?					
N.	417 E. 24th Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				21218					· S	
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 S 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES				Il yes, s	CENDENT Opecify Cuba S 2 1 NO	n, Maxica	NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)	s or No—	14. RACE Black Speci	- American Indian, t, White, atc.
B	15. DECEDENT'S EDU (Specify only highest grade	16a. DE	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	·) Iffe.	Do NOT us	work done during no retired.)	ost of workin	g				
ō	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	IFR'S NA	ME (First, Middle, Maiden	Surnamel		
	Henry Knight							e Caldwe			
8	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS /Comet			Route Number, City or Tow	_		
2	Mrs. Blanche K	night									21210
	20a. METHOD OF DISPOSITION										
	1X Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		cemetery, crer	natory or or	ther place) Cemet	erv		1/10 Ba	1tim	ore	CO .
	DESCRIPTION OF PUNERAL SERVICE LIC	- Ru	~~			oh L.	Ru	iss Funer			, 2222-26
	W. North Avenue, Balto., MD 21216 23. PARVI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition	List brily one cat	se on each line.								Interval Between Onset and Death
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
z											
9	Sequentially list conditions, If any, teading to immediate PNEUMON; A DUE TO (OR AS A CONSEQUENCE OF):										
8	cause. Enter UNDERLYING	. 11	UMUNG	ادر	PPREES	sio:	x 7				
Ē	CAUSE (Disease Dr Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE OF	7:		V				+
CERTIFICATION	resulting in death) LAST	d	OR AS A CONSEO HIV	2	SEAS	E					
	PART II. Other elgoificent condition	e eestelbuilee te	disabilities and a								
¥	PART II. Other significant condition					g cause g	iven in	Part I. 24s, WAS AM PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	LEFT PLE	WRAL.	TEFFU	951	1910			1 1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
E											1 TYES 2 NO
z											
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1			26. P	LACE OF DE	ATH (Che	ck only one)			
Sic	1 TES 2 TAO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	ne 5 🗆 Res	uldence	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF (Monthy D		26b. TIMI	E OF 26c. IN	JURY AT		28d. DESCRIBE HOW I	NJURY OCC	URED	
B	1 Nsturel 5 Pending 2 Accident Investigation	1/2	1/92	12:5		YES 2	NO				
8	3 Suicide 6 Could not be determined	26a. PLACE O building,	F INJURY — At honetc. (Specify)	ne, term, s	treet, tactory, offic			26t. LOCATION (Street a City or Town, State)	and Number	or Rurai Ri	oute Numbe#
"	29a. CERTIFIER										
COMPLET	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	R: On the best of	my knowledge, daa tamination end/or in	th occurre	n, in my opinion,	and place, leath occurs	end due	to the cause(s) and men time, data and placa, an	ner ea state d due to the	od. o cause(a)	and manner as stated.
	296. SIGNATURE AND THREE OF CERTIFIER					29c. LICE					
O BE	My	2/1	1	1D	>	LIVE	-UL HUM	ww.m	DATE	14	(Month, Day, Yber)
임	30, NAME AND ADDRESS OF PERSON WHI	COMPLETED CALL									/

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEON B. MENAVOVOKA 31. DATE FILED (Month, Day, Year)

JAN 128 1992

Julia Bavids

E. UNIVERSIT

PKWAY

BALTO, MD 2RK

32. REGISTRAR'S SIGNATURE ha Davidson

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TIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician
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ND	hospital
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permit. Pages 1, 2, 3 should

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funeral director,

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signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematis

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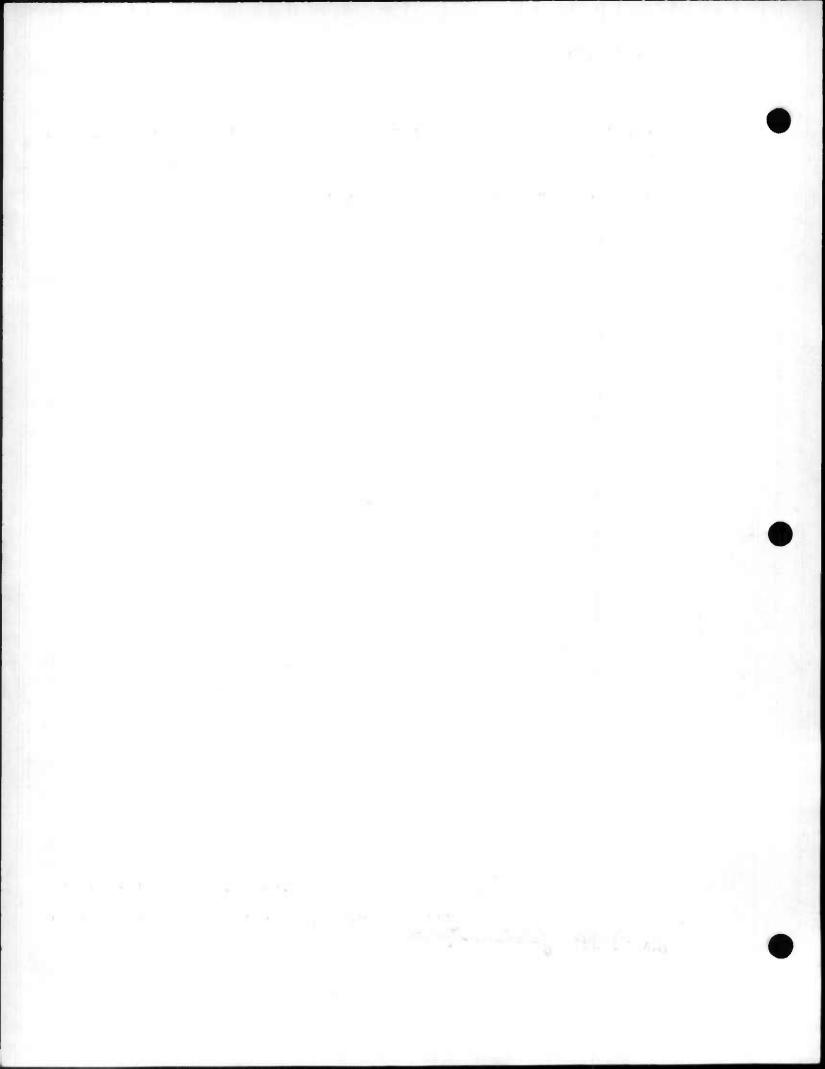
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH DAY 1992 CALVIN 0 1 WILSON 6:40 а м 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-36-8976 1X M 2 | F 6/05/42 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2410 BARCLAY STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. baltimore, City 1 X YES 2 ND FUNERAL 10e. STREET AND NUMBER INF ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2410 Barclay N. Street 21218 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married 2 NO IF YES, GIVE WAR DR DATES BY 1 YES 2 ND Specify 3 Widowed 4 Divorced Specify Black ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL llth Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ William Glispy Louise Mack BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2410 Barclay St./Baltimore, Md. 21218 James Browder pe 20s METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Vosneil Memorial Gardens 4 Donation 5 Other (Specify) Baltimore, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ ive 0 event, resulting in death) OUE TO (DR AB A CONSEDUENCE DF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (DR AS A CONSEQUENCE OF): other 1 DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS 06/ PERFORMED? shows any WAIL ARLE PRIOR TO COMPLETION OF CAUSE OF GEATH? FES 2 | NO After this certificate has been death with the State Dept. of H marked, or Hem 23 sho 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 ND 4 ☐ Nursing Home 5X Rasidenca S ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY DCCURED 28b, TIME OF 28c. INJURY AT Natural 2 Accident IN.ILIRY 5 Pending Investigation BY 1 YES 2 ND 28e. PLACE OF INJURY — At home, farm, streel, factory, office 3 Suicida 92 ETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 200 Item COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only = MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. IMPORTANT: UNTURE AND TITLE OF CENTIFIER B 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) appe M O.C.M.E. 2 01/09/1992 30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF GEATH (ITEM 27) (Type, Print) were 111 PENN STREET 31. DATE FILED (MOD BALTIMORE, MARYLAND 21201

DHMH-16 Rev 1/89



3. TIME OF DEATH

DHMH-16 Rev 1/89

IMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
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345 PM RAYMOND · WEST 01 0 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Ybar) NOV. 6, 1916 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign DAYS HOURS 445-03-9966 1 X M 2 - F MIN YPS Oklahoma permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT BALTIMORE CITY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford Fallston 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY use as the burial-transit 402 Wilgis Rd. 21047 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\times YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced 1945-1946 white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION

(Falson kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 6 yrs. Machinist Martin Marietta 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) at Abner F. Willie West BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Anna M. West 402 Wilgis Rd. Fallston, Md. Раде 6 тау be Pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1-11-90E 20c. LOCATION - City or Town, State W Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) must Gardens of Faith Cemetery Rossville, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. F. Lassahn E.F.Lassahn Funeral Home by the f 11750 Belair Rd. Kingsville, Md. 21087 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, filled in by **Approximata** shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final completely filled tal, cremation, Onset and Death the disease or condition resulting in death) nelimone event, DUE TO (OR AS A CONSEQUENCE OF) in and com to burial, (traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate prior erforated gastric ulcer ceuse. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in deeth) LAST 10 the atter Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and and PERFORMED? shows any AVAILABLE PRIOR TO signed | COMPLETION DF CAUSE YES 2 NO YES 2 NO t, of F has be Dept. 23 si PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate In the State HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 YES 2 NO OTHER: ng Home 5 🗆 Residence 8 🗆 Other (Specify) 6 4 I Nursi the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 8 After Investigation 2 Accident DREETOR: Att hours after dec item 28 is n 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es ateled. (Check only one) 以び MAT: II 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Moriti, Day, West) 6 2 30. NAME AND ADD WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) inun 31. DATE FILED (Month, Day, 32 REGISTRAR'S SIGNATURE whie Davidson Bandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

A THE DISCUSSION CONTRACT ON THE STATE OF TH

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		NITH PLACE ARE UNESCOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Planes 1.2		
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AM	etaine	shou		otifie
L.	y be	Sage 5		be n
ב	6 та	ctor, i		Must
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	PHY	r this	h with	arked
	NDING	L. Afte	r deat	Is m
	ATTE	ECTOR	rs after	п 28
STATES OF THE CONDS, F.O. BOX 68700, BALLIMORE, MARTLAND ZIZIS-0020	AL OR	IL DIR	2 hour	'f Hen
	p memosarta. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	WERA	 In a within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	MPDRIANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6	E.	H	*	OBIL
f	0	4	-	輩

	1 - STATE REGISTRAR 1. DECEMENT'S NAME (First, Middle, Last)		CE		ICATE OF			REG. NO				
		VEV	EARL	pa-	WEE	BB		2. DATE OF DEATH MONTH 0	3	YEAR	3. TIME OF DEATH	
		s. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	3	G. BIRTHE	LACE (State or Foreign	
		M 2 - F	57	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 2 263	41.	Country	yland	
	90. FACILITY NAME (If not institution, give stree	et and number) (-	חבסר	200	9b. CITY, TOWN	OR LOCATION	ON OF DE			JNTY OF DE		
DIRECTOR	DINOU 100P	ITAL A	st Belo	THE	Bel	to 1	nd		B	och	o City	
3EC	10e. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
	Maryland			E	Baltimo	re			LIMITS?			
AL	10e, STREET AND NUMBER			10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
ZER	3901 Rosecrest	е	21215					I	JSA			
BY FUNERAL	11. MARITAL STATUS 1	T EVER IN U.S. AR XYES 2 N MR OR DATES	2 NO If yes, specify Cuban, Maxicen, Puerto					ORIGIN? (Specify Yas or No- perto Rican, etc.) 14. RACE — American Indi Black, White, etc. Specify:				
ED	15. DECEDENT'S EDUCAT	16n. DE	16a. DECEDENT'S USUAL OCCUPATION					SINESS/IN	OUSTRY	Black		
E.	(Specify only highest grade col	(G/	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
MPL	Co		Counselor				MD Sta	te F	enal	System		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Middle, Maiden			- D D O CALL	
BE	Walter Webb						Vir	ginia Po	well			
0	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADORESS (Street a	nd Number	or Rural F	loute Number, City or Tow	n, State, Zi	p Code)		
	Betty L. Webb		39	901	Rosecr	est	Ave	. Balti	more	e, MD	21215	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remova	I from State	cemetery cres	metory or o	OF DISPOSITION (Na					City or Tow		
	4 Doneston 5 Other (Specify) MD Veteran Cemgarrison 1/9 Owings Mills 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Ho										ls, MD	
	+ Ennest K	50		>	2501 Balt	GWY	nns	Falls P MD 2121	Fun arkw	eral ay	Homes Ind	
	23. PART I. Enter the diseases, or con	nplications that	caused the de	ath. Do r	ot enter the mo	de of dyl	na. suct	as cardiac or resp	Iratory ar	reat	Approximate	
	23. PART I. Enter the diseases, or combilications that caused the beath. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): End Stage Cand (unity open Thy out to (or as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes wellibist remaining the underlying cause given in Part I. Diabetes wellibist remaining the underlying cause given in Part I. Performed? 1 yes 2 No 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 No										WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		,			ACE OF DE	EATH (Che	ck only one)				
YSIC		OSPITAL:	ER/Outpetient 3	□ 00A	OTHER:	5 🗆 Ra:	sidence :	8 Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH	26e. DATE OF (Month, De		26b. TIM	E OF 26c. INJ			28d. DESCRIBE HOW I	NJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation					ES 2 _	NO					
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE Of building,	FINJURY — At horate, (Specify)	ne, farm, s	treet, factory, office			261. LOCATION (Street a City or Town, State)	and Number	r or Rural Roo	ste Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of ex	my knowledge, das amination and/or in	weatigatio	ed at the time, date	end place, eath occur	and dua t	to the cause(e) end mer lime, date and place, en	ner ee sta	ted. he ceuse(e) :	and menner se stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (A	Aonth, Day, Year)	
10 B	sucrah Moli	ameld	me			D4	127	78	•	116	192	
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS				VIE	mo	21061		1	1	
					0-40		-	, 4-0,				
	JAN 13 1992	the David	S SIGNATURE	N.								

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	FOR 1 - STATE	STATE OF M	ARYLAND	DEPAR	TMENT OF	HEALTH AND	MENTAL HY	GIENE	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle,	(ant)	С	ERTIF	ICATE OF	DEATH		G. NO.	
	April						2. DATE OF DE	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	Wiggin IF UNDER 1 YEAR	S IF UNDER 24 HRS.	7. DATE OF BIF		992 5:41 A
	218 66 2135	1 🗌 M 2 💢 F	34	YRS.	MONTHS DAYS	HOURS MIN.	2/26	757	BIRTHPLACE (State or Foreign Country) N . C .
_	9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY, TOWN	OR LOCATION OF DI			ITY OF DEATH
DIRECTOR	Johns Hopkins Hospital				Balt	imore			
F 1	10a. STATE 10b. Co			10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	Md.				Balto.				LIMITS?
FUNERAL	10e. STREET AND NUMBER					I. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
N N	3319 Gwynn					21216		ī	JSA
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2X	RMED NO	If yes, so	ENDENT OF HISPAN	n. Puerto Riceo		14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES		1 TES	2 NO Specifi	y:		31ack
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DE	CEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDU	JSTRY
9	Elementary/Secondery (0-12)	College (1-4 or 5+)			work done during mo	ist or working			
COMPLETED	17. FATHER'S NAME (First, Middle, Las	4)	1	ab.	Tech.			d Cross	5
BE C(Ola L.	Forbes, S	r.			18. MOTHER'S NA	me (First, Middle,) Lora	Grice	
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number or Rural I			Code)
	Delores Gree	en			ıildhal		Balto.		
	1 Buriet 2 Cremetion 3 4 December 5 Other (Specify)	Removal from State	cemetery, cre	matory or of	PF DISPOSITION (Na ther place)	rme of		oc. LOCATION — C	
	21, SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	Wood	Lawi	22. NAME AN	ID ADDRESS OF FA	CILITY		to. Md
	19 mes	a.m	orton			s A. Mo			
	23. PART I. Enter the diseases	or complications that	ceused the de	ath. Do n	Dt enter tha mo	da of dying, auci	n aa cardiac or	Balto.	Md 21217
	immediate Cause (Finel disease or condition resulting in death)	. Etab	OR AS A CONSE	ls	08	Am			interval Between Onset and Death
NO	Sequentially list conditions,	T b	DR AS A CONSEC						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 10 (JA AS A CONSEC	20ENCE UP):				
TE	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):				
ER	resulting in death) LAST	d							
- 1	PART ii. Other aignificent cond	itiona contributing to d	eath but not r	esuiting i	n the underlying	cause given in	Part I. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DIC								ERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL							_ _		1 TYES 2 NO
Ä	ar MMC 0.00 personal and market			_					
SC	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 XYES 2 NO	HOSPITAL:	revolueresty. Co.		26. PL OTHER:	ACE OF DEATH (Che	ick only one)		
H K	27. MANNER OF DEATH	1 Inpetient 2 💢		DOA 28b, TIME		5 Residence			
	1 Netural 5 Pending	(Month, Day	Year)	INJU	JRY WO	RK?	28d. DESCRIBE	HOW INJURY OCCU	JRED
BY	2 Accident Investigat 3 Suicide 8 Could no	28a. PLACE OF	1992 INJURY — At hor		2 A 1 1 Y	27.		ct stal	o b e d r Rurel Route Number,
E	4 Homicide determine	d Dunding, or	c (Specify)				City or Town,	State)	
1	29e. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of m		oth occurre	d at the time date	and place, and due	300 61	k. Poto	mac Street
COMPLETED	# MEDICAL EXA	MINER: On the basis of exe	mination end/or i	nvestigation	, in my opinion, de	eath occured at the	time, date and pla	ce, and due to the	ceuse(s) end manner es stated.
BEC	296 BIGHNTURE AND TITLE OF CERT		1 0		T	29c. LICENSE NUM			SIGNED (Month, Day, Year)
9	Jain	torne	IN			O.C.M	.Е.	▶01	09 1992
-	AND ADDRESS OF PERSON								7,7,2
	J. Laron Lock	ce. MD	1	11 P	enn Sta	ceet. B	altimo	re Mary	vland 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE						

DHMH-16 Rav 1/89

EDMUNDO 31. DATE FILEO (MONTH, Day, Year) JAN 1 0 1992

Edwards To Junta 10
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHLATEM 27) (Type, Print)

4. SINGCA

32. REGISTRAR'S SIGNATURE

JULY DAVID DOWN DAVID
	1. DECEDENT'S NAME (First, Middle, Last)		ViL	LiA	ms	, MO	ATE OF DEATH	9	YEAR 1	LISS A
	4. SOCIAL SECURITY JUMBER 2/4-2-3745 90. FACILITY NAME (If not institution, give	1 - H 2 EF 69	yrs. last birthday,	MONTHS	DAYS HOURS	MIN. (M	TE OF BIRTH onth, Day Year)	23	VOIZ	ACE (State or Foreig
DIRECTOR	BON SECOUL	RS Hospi	TAL	BA	OWN OR LOCATI	DAR E	,	9c. COUN	7 S	rH
	10a. STATE 10b. COUNT	TY		TY, TOWN OR	LRXKRER		GAR XBAL	-	E ,	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	4406 OLD FREDE				101. ZIP CODE	229	, *		OF	A.
84	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 MINO	I If y	AS DECENDENT C	n, Mexicen, Puer	GIN? (Specify Yes to Ricen, etc.)	s or No-	Black, W	American Indian, /hite, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 0-8		(Give kind of life. Do NOT	work done dur use retired.)	UPATION ring most of working	rg .	POULTRY	Par.		
BE CON	17. FATHER'S NAME (First, Middle, Lest) JAMES ARTHUR	SCARBORO					st, Middle, Malden		7411	
TO B	19e. INFORMANT'S NAME (Type/Print) NR ELDER JAME	S D. NELSON				or Rural Route N	umber, City or Town			07
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20b. P	LACE AND DATE	OFDISPOSITI		D	ATE 20c. LO	CATION — C	Ify or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE South	,		WIS T.		INEDAT	HOME	212	15 (505
10	23. PART i. Enter the diseases, or	complications that csused t	the death. Do	451	7 PARK	HEIGHT	SAVE	BALTE	MORE	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. "Wasawa	th line.	not enter the	7 PARK	HEIGHT ng, such as c	SAVE	BALTE	MORE	MARYLANI Approximate Interval Betw
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A C	th line.	not enter the	7 PARK	HEIGHT ng, such as c	S AVE ardisc or respi	BALTE	MORE	MARYLANI Approximate Interval Betw
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR AS A C	ONSEQUENCE O	DF):	7 PARK	HEIGHT ng, such as c	S AVE ardisc or respi	BALTE	MORE	MARYLANI Approximate Interval Betw
IL CE	snock, or nestr tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C OUE TO (OR AS A C	ONSEQUENCE O	DEF):	to PARK the mode of dyl bular Laps:	RIGHT	S AVE ardisc or respi	BALTTI fristory arre AUTOPSY IMED?	24b. WE AMA	MARYIANI Approximate Interval Betw Onset and De RE AUTOPSY FINDIN ILLABLE PRIOR TO MPLETION OF CAUS DEATH?
MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition reaulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C	ONSEQUENCE O	not enter the	to PARK the mode of dyl bular Laps:	ANTO-PART I.	S AVE ardisc or respi	BALTTI fristory arre AUTOPSY IMED?	24b. WE AMA	MARYIANI Approximate Interval Betw Onset and De REAUTOPSY FINDIN ILLABLE PRIOR TO MPLETION OF CAUS
PHYSICIAN: MEDICAL CE	Sequentisity list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C OUE TO (OR AS A C	ONSEQUENCE O	OTHER: 4 Nursing	e mode of dyl	ANTONO EATH (Check only sidence a Ot	S AVE ardisc or respi	AUTOPSY MED?	24b. WE AMOOD OF	MARYLANI Approximate Interval Betwo Onset and De RE AUTOPSY FINDIN ILLABLE PRIOR TO MPLETION OF CAUS DEATH?
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition reaulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C In contributing to desth but DUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C	ONSEQUENCE CONSEQUENCE CONSEQU	OFFI: OF	e mode of dyl compact of the mode of the	ANTO PART I. EATH (Check only sidence a Col. Let	24e. WAS AN PERFOR 1 (Specify)	AUTOPSY IMED?	24b. WE AMA COOF	MARYI.ANI Approximate Interval Betwo Onset and Do Onset a
D BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finst disease or condition reaulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only)	B. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C OUE TO (OR AS A C OUE TO (OR AS A C DUE TO (O	ONSEQUENCE CONSEQUENCE CONSEQU	OTHER: 4 Nursing ME OF JUNRY M et at the time	e mode of dyl e mode	INO 281. Li Constitution of the control of the cont	24a. WAS AN PERFOR 1 (Specify) DESCRIBE HOW IN Town, State)	AUTOPSY IMEO? In No	24b. WE AM COOF 1	MARYIANI Approximate Interval Betwood Onset and Do

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DAMES FOR HELD FOR A STATE OF THE STATE OF T

ADMINIST TOTAL COMMISSION

ALEGIO BIRAL

NN TLIVER JAMES D. MILEON SEER LEGERTY ROAD HALTEMORE, MARYLAND STROTT

baltimore national cem. 1/13/92 RALTIMORE, MARYLAND

LIDRIS T. GWYNN FRNERAL HOME 21215-5393 4317 PARK HEY HTS AVE. BALTIMORE, MARYELAND

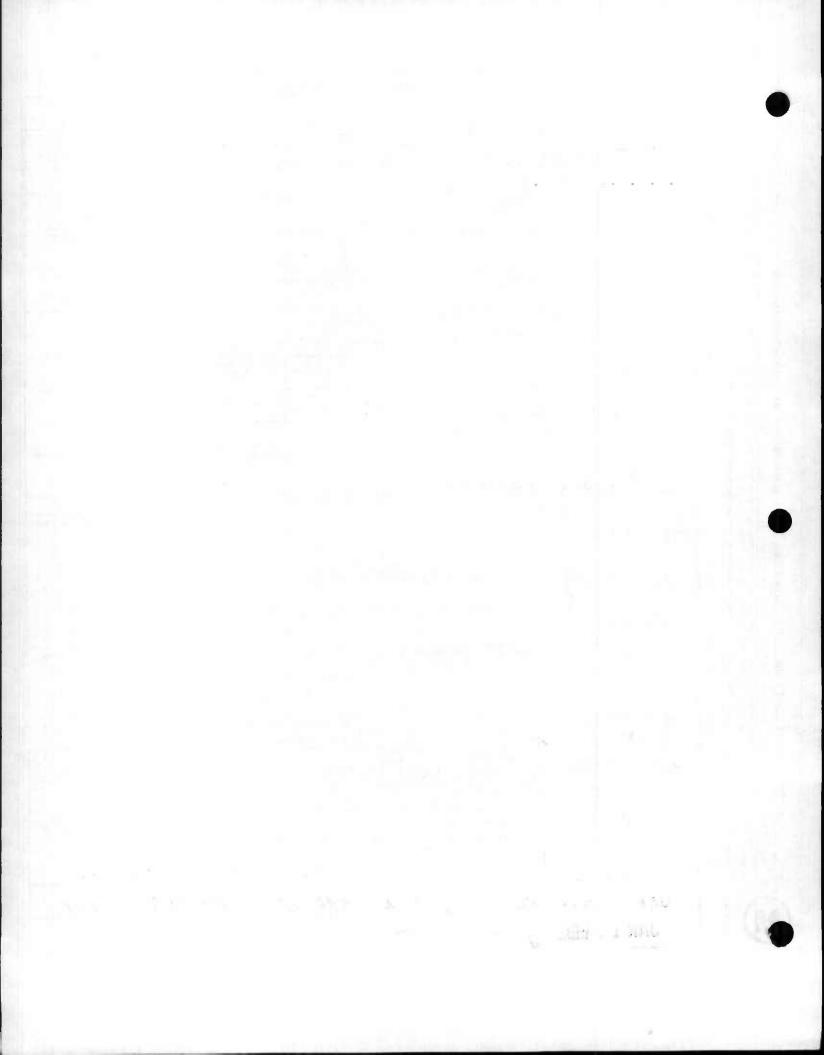
TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	IEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		-	3. TIME OF DEATH
	ANNIE	LEE YOUNG				0 1	09	199	EAR	10:07P
	4. SOCIAL SECURITY NUMBER	44	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	Day Year)	8.	_	PLACE (State or Foreign
	213-34-8591	1 🗆 M 2 🗶 F	5 4 YRS.	1 2 2		05/	29/19	937		ARYLAND
œ	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF	DEATH		9c. COUNTY	OF D	EATH
DIRECTOR	G.B.M.C., 6701	N.CHARLES	STREET	TOW	SON			BAI	TI	MORE
3EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	10d, INSIDE CITY				
	MARYLAND			BALTIM	ORE				ı	LIMITS?
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEI	OF V	WHAT COUNTRY?
EH	3805 HARLEM AV	ENUE			21229					
E.	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN?	(Specify Yee o	r No- 14	RACE	- American Indian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Spec		ean, stc.)		Specif	y:
	15. DECEOENT'S EDUC	ATION	160. DECEDENT'S U	CUAL OCCUPATION	<u> </u>					BLACK
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of wo	rk dona durina mo	st of working	.16b. K	IND OF BUSI	NESS/INDUS	TRY	
1PL	, , , , , , , , , , , , , , , , , , , ,		Administ	rative	Assista	nt				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Mic	idle, Maiden Su	(meme)		
BEC	Louis Fleet				Lula	Taylor		,		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rure	l Route Number	City or Town,	State, Zip Co	de)	
F	Robert N. Young S	r.	3805 H	arlem A	venue, l	Baltim	ore, M	ld 21	229	9
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove		PLACE AND DATE OF		me of	DATE	20c. LOCA	TION — City	or To	wn, Stata
	4 Donation 5 Other (Specify)	No	,	ral Cem	eterv	1/15/9	Balt	imore	. 1	Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	ii od oned	22. NAME AN	O ADDRESS OF F	And other	MARCH		,	
	Dlady	Dane)				4300 W			
TION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF): METASTATIC SQUAMOUS CELL CARCINOMA Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	BREAST CARCIN		t not resulting in	the underlying	ceuse glvsn ir		PERFORME	ED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20 01	ACE OF DEATH O					
Sic		HOSPITAL:		THER:	ACE OF DEATH (C					
H	27. MANNER OF OEATH	260. DATE OF INJURY	28b. TIME (5 G Residence		Specify)	IIBY OCCUP		
	1 Natural 5 Pending Investigation	(Month, Day, Yeer)	INJUR	WOI WOI		200. 02001	IIDE HOW INS	ONT OCCOR		
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	- At home, term, stre			26t. LOCATI City or 1	ON (Street and fown, State)	Number or F	Burel Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my knowles	dge, death occurred and/or investigation,	st the time, date	end place, end du eth occured at the	e to the cause((e) and menne d plece, end d	r ee stated.	use(a)	and menner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	2	9d. DATE SI	NED (Month Day, Year)
	- 6 W				027	730)/	10	192
٩	30. NAME AND ADDRESS OF PERSON WHO	no.	6701 N		y. St		Str	7,10	-	21204
	31. DATE FILED (Month, Pay, Year) JAN 1 3 1992	32. REGISTRAR'S SIGNAT	-handele				, -,			





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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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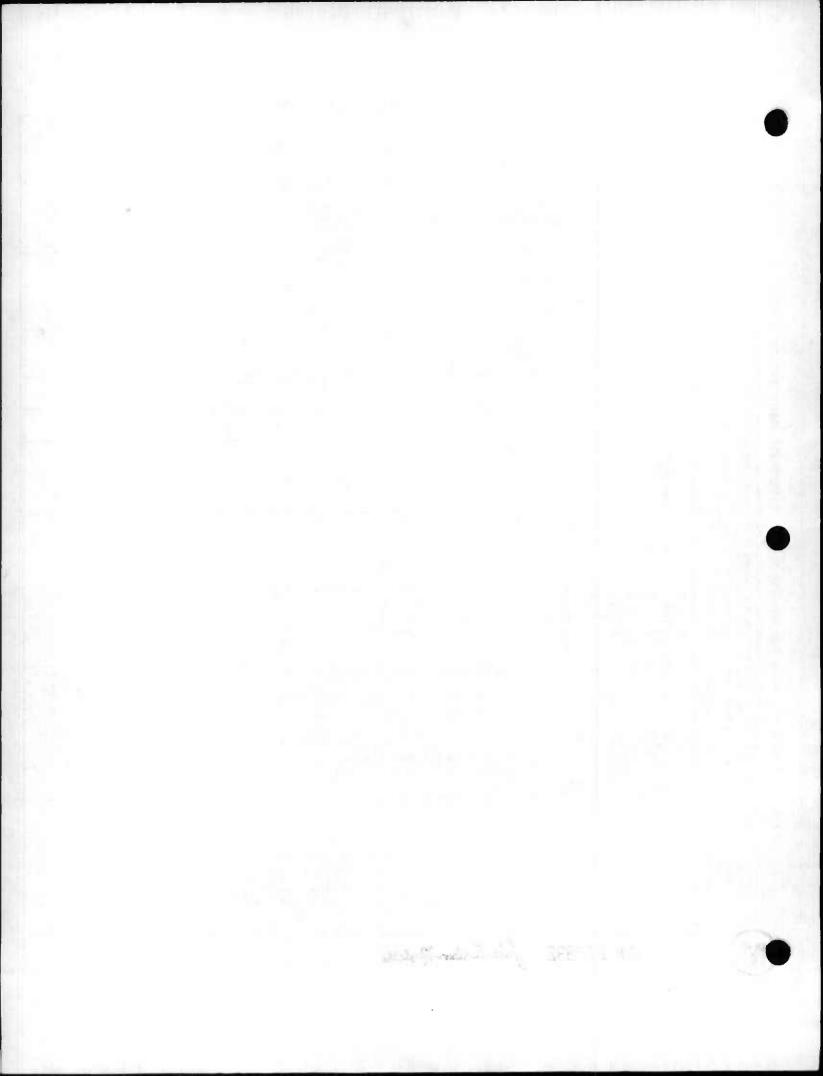
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT	AND MENTAL HYGIENE H REG. NO.
ECEDENT'S NAME (First, Middle, Last)	OHK YIM	2. DATE OF DEATH DAY

	1. DECEDENT'S NAME (First.	Middle, Last)	ОНК	YIM						2. DATE OF MONTH	DEATH DA	W	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMB	FR	5. SEX	8. AGE (In yrs. Is	and bloth deal			I Description		01		10 92 / T			
	219-98-6659		1 □ M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE OF (Month, L JULY		1909	8. BIRTHP Country) KOR	LACE (State or Foreign	
	9e. FACILITY NAME (If not ins					9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN								ATN	
DIRECTOR	LIBERTY ME		CENTER			BALTIMORE									
E C	10e. STATE	10b. COUNT	Υ		10c. CI	10c. CITY, TOWN OR LOCATION								Od. INSIDE CITY	
듬	MARYLAND	CAI	RROLL			SYKE	SVII	I.F						LIMITS?	
AL	10e. STREET AND NUMBER					DIKE		f. ZIP COD	E			AT COUNTRY?			
E	1015 RIVE	R ROAL	D					2	1784						
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 1 3 X X Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Black								Black,	American Indian, White, etc.	
	15. DECE	ECEDENT'S	USUAL O	CCUPATION	ON		165 V	ND OF BUS	INECO (INIT						
COMPLETED	(Specify only Elementary/Secondary (0- NONE	·) (iii	Give kind of le. Do NOT u	work done se retired.)	during me	st of worki	ing				OSINI				
WO	17. FATHER'S NAME (First, Mic	ddle, Last)			EMAKER DOMES T										
BE C	UNAVAILABLE					UNAVA	AILABL	E							
10	190. INFORMANT'S NAME (7)									CLLE,		2178			
	20s. METNOD OF DISPOSITION 1.A. Burlel 2 Cremation 4 Donetion 5 Other	ON 3 G Rem Specify)	oval from State	20b. PLACE CREST						DATE 1-14			Cify or Town, State		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			22. NAME AND ADDRESS OF FACILITY								L, 110	
	22. NAME AND ADDRESS OF FACE HUBBARD FUNERA. 4107 WILKENS A 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such										E, IN	NC. MORE,	MD		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF): CHRONI'L DISTRACTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF): CHRONI'L DISTRACTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury CAUSE (Disease or injury										interval Batween Onset and Death				
CERTI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL											e. WAS AN A PERFORI	MED?	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
A	25. WAS CASE REFERRED TO	MEDICAL													
S	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	FD10-1-11-1		OTHE	R:			ick only one)					
r PHYSICIAN	27, MANNER OF DEATH 1 Natural 5 P	ending westigation	28e. DATE OF (Month, Da	INJURY	28b, TIM		28c, INJ WO			6 Other (S		JURY OCC	CURED		
TED BY	2 Accident In 3 Suicide 6 C 4 Nomicide de	F INJURY — At he	ome, term,	street, fact				281. LOCATIO City or To	ON (Street el bwn, Stete)	nd Number	or Runal Rou	te Number,			
COMPLETED			CIAN: To the best of ax											nd menner se stated.	
BE C	29b. SIGNATURE AND TITLE (29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED (M	onth, Day, Year)				
TO B		-	Sall	red 1	MD. D 23300 1.10.93 (ITEM 27) (Typo, Print) dibets theolicer Centr 600 dibets Height, Ballo. MD. 2						.92				
	30. NAME AND ADDRESS OF	D.	PATEL	E OF DEATH (ITE	M 27) (Type	Print)	di 1	o eli	i'dl	ned.	COR	Ce	ME	21215	
1	31. DATE FILED (Month, Day, Ye	nar)	32. REGISTRAL	R'S SIGNATURE				- / -		2 /	and the	18	- (2)	- family	
	JAN I	3 1992	- Juna 1	lavidon-0	andelle										





BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physici	the funeral director, page 5 should be detached for use as the burial-inal.	I examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or arrending namerical	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND	MENTAL	HYGIEN REG. NO.		_ [1054/
	1. DECEDENT'S NAME (First, Middle, Lest) Joseph Nichol	20 720							MONTH	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	caria 6. AGE (In yrs. las						Jan.	9.	199	92 PEAR	11:00 A M
	215-30-9238	1 🔀 M 2 🗆 F	57	YRS.	IF UNDER	DAYS	IF UNDER	MIN.		Day, Year)		Count	PLACE (State or Foreign Vland
	9a. FACILITY NAME (If not institution, give s	Ireet and number)			9b. CITY	. TOWN C	R LOCATIO	ON OF DE		14-34		IMAT OF D	
OR	102 Orsburn Dr	ive					ppa		LAIT				
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		40- 0177							I	larf	ord
L DIRECTOR	Maryland	Harfor	rd	10c. CIT	Jop	_							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 102 Orsburn Ro	a d					ZIP CODE				,		WHAT COUNTRY?
NE	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S AD	MED	12		L085					I.S.	
	1 Never Merried 2 Married	FORCES? 1 [XYES 2 A	10		MAS DEC	city Cube	n, Mexica	n, Puerto Ri	(Specify Yea can, etc.)	or No-	Blaci	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	Nav				I L TES	24E NO	Specify	y:			Spec	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G/	CEDENT'S	rack dane i	CCUPATIO	N st of workin	a .	16b.	KIND OF BUS	INESS/IN	DUSTRY	
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Em	ploy	retired.)	Fire	e De	nt		Beth1	ehe	m C+	· ool
MC	17. FATHER'S NAME (First, Middle, Last)			1 1	7							50	eer
	Joseph Anthony	Zaccar	ia							ddle, Maiden			
) BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS	S (Street a	EVa.	nge, or Rumi F	line	F1	cuhl	ing	
2	Evangeline Zaco		31	.6 S	. C]	Lint	on	Str	eet :	Balto) . M	id. :	21224
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo	val from State	20b. PLACE A	ND DATE O	FDISPOS	ITION /Na	me of		OATE	20c. LOC	CATION -	City or To	wn. Slate
	4 Donation 5 Other (Specify)	-	Holy cree	Rosa						gear	. L .	Mary	land
	11/2/12	7					D ADDRES			no T	~ I	ממני	ral Home
_	Coper/	Janou			4	03	5 . C	onk	Ling	St	Rai	1+0	Md. 21224
23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as card ahock, or heart indure. Ust only one cause on each line. IMMEDIATE CAUSE (Fire disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								h as cardle	or respir	ratory ar	rest,	Approximata Interval Between	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	_ Cu	OH AS A CONSECUTION AS			m	alf	le	ne	go Cars	Ort	Ti	podras
問問	C					_							
AL	PART II. Other significant conditions	contributing to d	eath but not re	suiting in	the un	derlying	cause g	lven in i	Part I. 2	4e. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC										PERFORI			AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME													DF DEATH?
ä													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Che	ck only one)				
¥ ¥	1 YES 2 NO	1 Inpatient 2 E		DOA	4 🗆 Nurs	Ing Home		ildence	6 🗆 Other (
	1 Herural 5 Pending	28a. OATE OF IN (Month, Day,		28b. TIME INJU	OF RY	28c. INJU WOR	IK?		28d. DESC	RIBE HOW IN	JURY OC	CURED	
84	3 Accident Investigation 3 Suicide . Oculdant	28e. PLACE OF	INJURY — At hon	ne, farm, at	reel facts		ES 2 🗌	NO	201 1 0001	ION (Charles	4.04		
E	8 Could not be determined	building, at	c. (Specify)			A y, Omca			City or	ION (Street ar Town, State)	id Number	or Hural H	oute Number,
٦	29a. CERTIFIER CHECK ONLY	AN: To the heat of m	y knowledge dee	th annum	Las dha at								
COMPLET	(Check only one) 2 MEDICAL EXAMINER	On the beautiful	mination and/or in	vestigation	, in my o	olnion, de	ath occure	and dua 1 d at the 1	lo the cause lime, data as	(s) end mann	due to th	led.	and manner to state d
	296. SIGNATURE AND TITLE OF CERTIFIES	1/1					29c, LICE						
B	allhand	Care	MIC)			D	31	920		DAT	CI	(Month, Day, Year)
۵	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, I		.0-	7	-) ./	,		0 1	1-
	31. DATE FILE® (Month) Day, Year)		591	IV.	171	123	/		KW	rara	, (are	5
	I MAN A A 1002	32. REGISTRAR	SIGNATURE		10								

and the second second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN	IT OF H	IEALTH DEAT	AND I	MENTAL HYG	ENE	3	00548	
1	1. DECEDENT'S NAME (First, Middle		TER ALF	DED 5	7 A TTM	CETT			2. DATE OF DEAT MONTH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia:			ER 1 YEAR	IF UNDER		7. DATE OF BIRTH	5	92	0045 M	
	218-03-5692	1 2 = F				-	HOURS	MIN.	SEPT 16	71004	S. BIRTHP	LACE (State or Foreign MANY	
	9e. FACILITY NAME (If not institution	n, give street and number)			9b. CIT	TY, TOWN C	OR LOCATIO	ON OF DE			UNTY OF DE		
S.	ST. AGNES HOS					ALTIN				36.000	DIVITION DE	AIN .	
DIRECTOR	RESIDENCE OF DECEDE	NT											
E	MARYLAND	COONTY				OR LOCAT						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			1	ALI	IMORI	ZIP CODE	-		The state of		YES 2 NO	
FUNERAL	105 S. FULTON	AVENUE				101.	212			10g. CI1		IAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF		13	. WAS DEC			IC ORIGIN? (Specify	Yes or No	USA	A	
BY	1 Never Merried 2 Merrie 3 Wildowed 4 Divorced	FORCES? 1	YES 2 XI	NO		II yes, spe	2 X NO	n. Mexice:	n. Puerto Ricen, etc.)	Black, Specify	American Indian, White, stc.	
COMPLETED	15. DECEDENT (Specify only higher	'S EDUCATION of grade completed)	(G	ines kind of u	mark dans	OCCUPATIO	N et of workin		166. KIND OF	BUSINESS/IN	DUSTRY		
Ë	Elementary/Secondary (0-12) 6TH	College (1-4 or 5	+) """	. Do NOT US	e retired.)	at or working	v					
M	17. FATHER'S NAME (First, Middle, L		M	ACHIN	IST					BUILD	ING		
	UNKNOWN	asiy					18. MOTH		ME (First, Middle, Mar	den Sumeme)			
BE	19e. INFORMANT'S NAME (Type/Prin	nt)	191	b. MAILING	ADDRES	SS /Street e	nd Alumbar		NOWN	T			
2	DAVID H. DI	DARRIO	AVE, BALTIMORE, MD 21229										
	20e. METHOD OF DISPOSITION 1	<u> </u>	DATE 20c	LOCATION -	City or Tow								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											ARYLAND	
	HUBBARD FUNERAL HOME, 4107 WILKENS AVE, BALT										E. MD	21229	
	23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximation to the provided disease or condition and the provided disease or condition resulting in death) Due to (or as a consequence of):												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
PLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO 1 YES 2 NO											MALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
E COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
TO B	30. NAME AND ADDRESS OF PERSO	eletray	MD)	1/5	192	

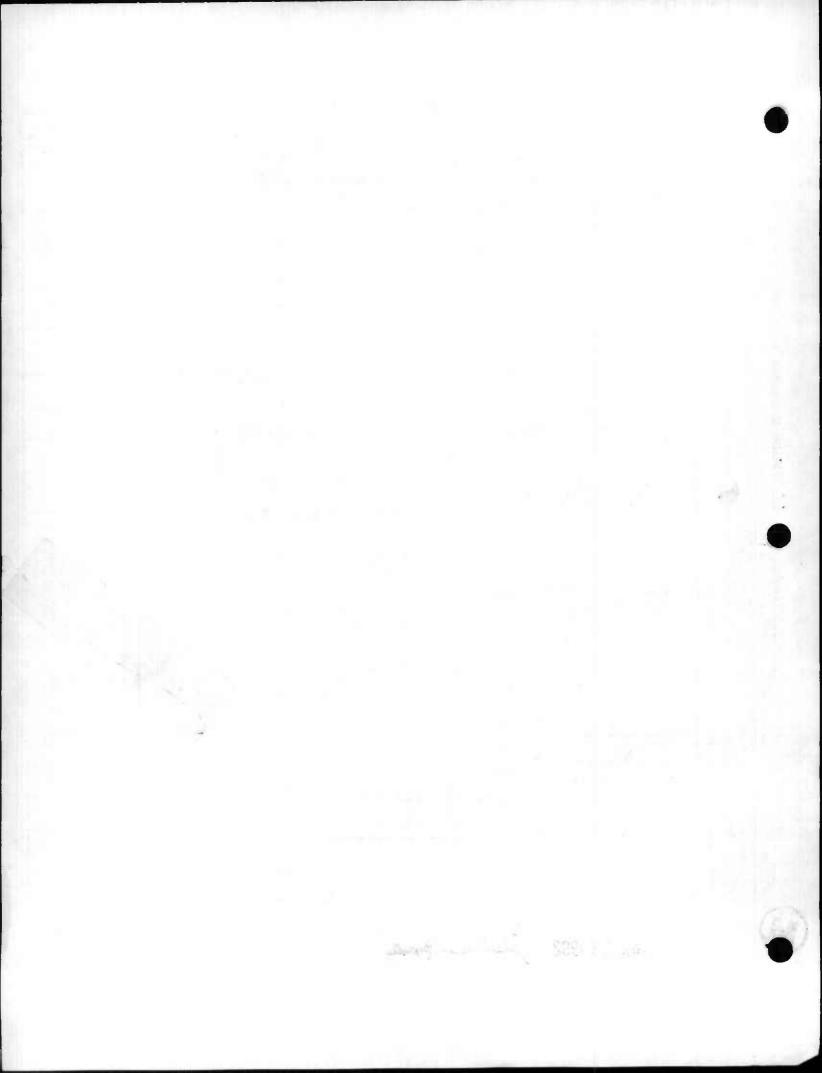
TO CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAB'S SIGNATURE



JAN 13 1992

Ballo, MD, 21229



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTME CERTIFICA	NT OF HEALTH AN TE OF DEATH	D MENTA	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH			3. TIME OF DEATH		
	Carlene Mar		lenka		0 1	_	3 199	YEAR	0:45 A M		
	The second second	5. SEX 6. AGE (In yrs	MONT	DER 1 YEAR IF UNDER 24 HR	s. 7. DATE	E OE BIOTH		BIRTHP	LACE (State or Foreign		
	217-17-1113 9a. FACILITY NAME (If not institution, give street	1 M 2 X F 20	YRS.	ITY, TOWN OR LOCATION OF		22, 1	971		yland		
FUNERAL DIRECTOR	4527 Schenley Road Baltimore RESIDENCE OF DECEDENT										
RE	10a. STATE 10b. COUNTY		1000	N OR LOCATION					0d. INSIDE CITY		
LDI	Maryland 100. STREET AND NUMBER		Ва	etimore 101. ZIP CODE					YES 2 NO		
IER/	4527 Schenley Rd.			212	10		1	USA	AT COUNTRY?		
E.	11. MARITAL STATUS 1X Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	WRMED	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma	PANIC ORIGI	IN? (Specify Yes	or No- 14	I. RACE -	- American Indian, White, atc.		
B∀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 Tes 2 No Sp		reicun, etc.)		Specify:	White		
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co	TION 16a. propieted) College (1-4 or 5 +)		OCCUPATION ne during most of working d.)	16	b. KIND OF BUS	SINESS/INDUS				
MP			N/A			N/A					
BE COI	17. FATHER'S NAME (First, Middle, Last) James T. Zelenka			16. MOTHER'S Dorot	hy J.	Middle, Maiden Feder	Surname)				
6	19a, INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Ru				ode)			
	Dorothy J. Zelenk			ienley Rd.,				1210			
	29a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ramovi 4 Donation 5 State (Specify)	al from Stale 20b. PLAC	cremetory or other ple y Kosary	Com.		TE 20c. LO 7 Dui			t, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Attl		ROBERT C. AL	TENBU	IRG FUN	ERAL H	IOME	, INC. D 21214		
	23. BARY I. Enter the diseases, or con	inplications that caused the st only one cause on each i	death Do not an	er the mode of dying, s	uch as car	diac or respi	ratory arrest	t.	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO TOB-AS A CON	ine.	Describ					Interval Between Onset and Death		
Z	Sequentially list conditions,										
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF:								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A COM	SEQUENCE OF)								
EH	resulting in death) LAST										
AL	PART II. Other significant conditions of	contributing to death but no	t resulting in the	underlying cause given	in Part I.	24a. WAS AN PERFOR			ERE AUTOPSY PINDINGS ARLARLE PRIOR TO		
PHYSICIAN: MEDIC	milla	1-1-1	ne .		_	100 Es 2	□ NO	0	DMPLETION OF CAUSE F DEATH?		
2	Trosen 10	elwylulis	AU .					_	KYES 2 □ NO		
Ž.	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	When a set of	114					
88		OSPITAL:	ACIDON ACID	ER:							
Ě	27. MANNER OF DEATH	28e, DATE OF BUJURY	266. TIME OF	lursing Home SX Resident	-	SCRIBE HOW II	WILLIAM OCCUR	uro.			
ВУР	Hatural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?	100.00	TOTAL TION II	aoni occur	MCAP.			
	3 Suicide 6 Could not be 6 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, f	ectory, office	29f, LOC City	CATION (Street at or Ewn, State)	nd Number or	Rural Rou	te Aumber		
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 6	N: To the best of my knowledge, On the basis of examination and/	death occurred at th	e time, data and place, and o	due to the ca	use(s) and man	ner as stated.	ausala) a	nd manner as stated		
	29h SIGNATURE AND VITLE OF CERTIFIER	Al		29c. LICENSE P					onth, Day, Year)		
BE	ful tel	7/									
2	30 MAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)		IVI PI		01	04	1992		
	HAMOIL) GE		111 Pen	n Street.	Balt	imare	Marv	lan	d 21201		
	JAN 13 1992	32. REGISTRAR'S SIGNATURE									
	JAIN 10 1336	I WHEN KILLY OF SOME MON	CA TEL						- 1		

AND THE PARTY OF THE PARTY. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or atterned an executed within 2000 after death.	death, Page 6 may be retained by the hospital or attention in management
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me built have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me built have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me built have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me built have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me built have been signed by the attending physician and completely filled by the funeral director and the page 5 should be detached for use as me built have been signed by the attending physician and the page 5 should be detached for use as me built have been signed by the attending physician and the page 5 should be detached for use as me built have been signed by the attending physician and the page 5 should be attended by the attended b	e funeral director, page 5 should be detached for use as the burner of the page 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

IMMEDIATE CAUSE (Final

296. SIGNATURE AND TITLE OF CERTIFIER

LIAN

31. DATE FILED (Month, Day, Year)

m 0

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

2111

2

disease or condition resulting in death)

1 -

													92	0055	Ω
FOR STATE REGISTRAR		STATE OF N	ARYLA					EALTH DEAT		MENTAL HYGI REG.					_
1. DECEDENT'S NAME (First, I	Middle, Last)									2. DATE OF DEATH	DAY		YEAR	3. TIME OF DEATH	
Emma Ruth A	Imony									01	12		92	1:45 A	M
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In	yrs. last	birthday)	-	R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year	-)		8. BIRTH	PLACE (State or Foreign	
214-30-6905		1 🗆 M 2 📈 F		96	YRS.	MONTHS	DAYS	HOURS	MIN.	07-19-		95		ryland	
9a. FACILITY NAME (If not inst	titution, give s	treet and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
Long View N	lursin	g Home				Ma	anche	ester				Car	roll		
	10b. COUNTY	Y			10c. CIT	Y, TOWN	OR LOCAT	ION			_			10d. INSIDE CITY	
Maryland	Carr	011			Ma	nche	ester	•						LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER			-				7	. ZIP COD	E		T	10g. CIT	ZEN OF V	VHAT COUNTRY?	_
3332 Main S	treet							2110)2			US	A		
11. MARITAL STATUS 1 Newer Married 2 A 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)						r No—	Black	E — American Indian, k, whita, atc. """: White			
15. DECE (Specify only	DENT'S EDU						OCCUPATIO	ON ast of workli	no	18b. KIND OF	BUSII	NESS/INI	DUSTRY		
Elamentary/Secondary (0-		College (1-4 or 5	+)	life.	bor	se retired.)	STOF WORK		Indi	ıst	cria	al		
17. FATHER'S NAME (First, Mic	idle, Last)							18. MOT	HER'S NA	ME (First, Middle, Ma	iden Si	umame)		*	
George E.	Tro	ut						Ur	ıknov	vn					
19a. INFORMANT'S NAME (7)	pe/Print)			198	, MAILING	ADDRES	SS (Street a	and Numbe	r or Rural	Route Number, City or	Town,	State, Zij	o Code)		
Gerald M.	Ros	ier, Sr	•	1	40	Wen	gate	e Rd	.,	Owings	Μi	lls	, MI	21117	
20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 8 Other	3 Ram	noval from State	20b.	PLACE (other pla tab	Ter:	SITION (P	eme of co	ery		n 151			City or To	own, Stata MD	
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	m					Har EECO			or v F	tua ree	ry,	Inc. PA 17349)

Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUF TO (OR AS A CONSFOUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 HO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1. Altural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

anoron

29c. LICENSE NUMBER

D33165

mocardid

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.

DUE TO (OR AS A CONSEQUENCE OF)

92

21074

29d. DATE SIGNED (Month, Day, Year)

12

Approximate **Onset and Death**

5-12

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	TIFICATE	OF DEATH	REG. N	0.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. T	IME OF DEATH				
	Elijah	Wayne	Α	mbrose	9	01 08	DAY Q 1.0	992 1	1:15 A M				
			AGE (In yrs. lest birth			7 DATE OF BIRTH		8 BIRTHPI AC	E (State or Familia				
		TAM 2 of 4mos vrs. Months Days Hours Min. 09-11-1991 Mar											
_	Apartment 1 - A		COUNTY OF DEATH										
DIRECTOR	Stevens Circle Aberdeen Harford												
្ត្រ	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
E .		ford	100					10d.	INSIDE CITY LIMITS?				
	Maryland Har	1014		Abel	rdeen				YES 2 X NO				
FUNERAL	Description of the state of the				101. ZIP CODE		10g. CIT	IZEN OF WHAT	COUNTRY?				
R	305 1A Stevens	Circle			21001			JSA					
교	1 XNever Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 ZNO	13. W	AS DECENDENT OF HISP yes, specify Cuban, Maxi-	ANIC ORIGIN? (Specify Y	na or No —	14. RACE — A Black, Whi	merican indian,				
ВУ	3 Widowed 4 Divorced	N A	OR DATES		YES 2 NO Spec			Specify:	White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDE	NT'S USUAL OC	CUPATION	16b. KIND OF BI	USINESS/INC	DUSTRY	AATIT CG				
Щ		College (1-4 or 5+)	life. Do N		ring most of working								
MP	N/A			N/A		N,	/A						
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide							
BE	Keith A. Cland	у			_	anie M. A							
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS	Street and Number or Rura	Route Number, City or To	wn, State, Zip	Code)					
	Stephanie M. A	morose			tevens Ci								
	1 Buriel 2 Cremation 3 Remove	al from State	20b. PLACE AND D	ATE OF DISPOSIT	tory, Inc			City or Town, S					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Mr. 111	Mecro	22. N	AME AND ADDRESS OF F	ACILITY							
	George E. Ma	cNabb		Cı	remation	Society of	of Ma	arylan	d, Inc.				
			uned the death of	29	99 Freder	ick Rd.,	Balt	to., M	D 21228				
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
	IMMEDIATE CAUSE (Finel disease or condition	5.1	1-	12 8	1 + 0				Onset and Death				
	resulting in death) a.	DUE TO (OR	AS A CONSEQUENCE	1100	scout De	ash syl	evo	me					
2		002 TO (ON	AS A CONSCOUER	E OFJ:		U							
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate	DUE TO (OR	AS A CONSEQUENC	E OF):									
S	CAUSE (Disease or Injury							1	- 1				
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC	E OF):									
H	d												
	PART II. Other significant conditions of	contributing to deal	th but not resulti	ng in the und	ariving cause given in	Port I Dr. Wood							
MEDICAL				ing in the one	enying couse given in	PERFO	RMED?	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO				
						1 YES	2 🗌 NO		LETION OF CAUSE EATH?				
3						— / `		1 🗆	YES 2 NO				
Ž	25. WAS CASE REFERRED TO MEDICAL				26 DI ACE OF DEATH (O								
PHYSICIAN:		OSPITAL:	Different 3 - DO	OTHER:	26. PLACE OF DEATH (C								
È∥	27. MANNER OF DEATH	28s. DATE OF INJU	HV 28b.		g Home 5 💢 Residence 8c. INJURY AT	6 United (Specify) 26d. DESCRIBE HOW	IN ILIEN COO	MIGED					
ВУР	1 Accident S Pending Investigation	(Month, Day, No.	er)	INJURY M	WORK? 1 YES 2 NO	and begoniae now	INSONT OCC	UNEU					
8	3 Suitcide & Could not be	28e. PLACE OF INJ	URY — At home, far	rm, street, fector		261. LOCATION (Street	and Number	or Rural Boute N	umber				
COMPLETED	4 Homicide determined	building, etc. (эрөс <i>пу</i>)			City or Town, State)						
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my k	nowledge, death oc	curred at the tim	e, date and place, end du	to the reverse and me							
8	# MEDICAL EXAMINER: 0	On the beels of exemin	ation and/or investig	ation, in my opi	nion, death occured at the	time, data and place, a	nd due to the	ec. e cause(s) and n	nenner as stated				
	296, STONATURE AND TITLE OF CENTIFIEN	1			29c. LICENSE NU								
O BE	/ Alion a	me	no			All .		SIGNED (Month					
2	HAME AND ADDRESS OF PERSON WHO C		DEATH (ITEM 27)	Type, Print)	1 0.0.	M.E.	0	1 09	1992				
	J. LARON WIKE		111	Penn	Street, F	altimoro	Max	11 1 a m J	21201				
	TIL DATE FILED (Month, Day, Year)	320 REGISTRAT'S S	IGNATURE D	2			маг	yland	/1/11				
	JAN 14 1992	1 min min lat	man has been										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-febras after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							7	U	0052
	1 - STATE REGISTRAR	OF MARYLAN		TMENT OF H		WENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)		161			2. DATE OF DEATH			3. TIME OF DEATH
	Theodore Judson A	bernethy	. M.D.			January	AY Ji 1	YEAR OO2	7:50 AM
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4, 1		IPLACE (State or Foreign
	579-62-3817 1 X M 2		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Counti	(7)
	7.5 62 6617 X	07	ing.			Sept 17,			
_	9a. FACILITY NAME (If not institution, give street and nur	mber)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COU	NTY OF D	EATH
FUNERAL DIRECTOR	Broadmead Retiremen	t Commun	nity	Cockey	syille		Bal	ltimo	re County
E I	10e, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?
5	Maryland Baltimore	County	C	ckeysvi	ما ا				1 TYES 2 X NO
<u> </u>	10e. STREET AND NUMBER	Country	1 00		. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
2	13801 York Road				21020		,	IC A	
W				1	21030			JSA	
5		DECEDENT EVER IN U ES? 1 VYES B, GIVE WAR OR DATE		If yes, sp	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yenn, Puarto Rican, atc.)	n or No —		E — American Indian, k, White, alc.
BY			S	1 🗌 YES	2 NO Specify	<i>f</i> :		Spec	** White
	I VV VV								
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	-10	6a. DECEDENT'S (Give kind of	WOUND OCCUPATION Work done during mo se retired.)	ON st of working	16b. KIND OF BU	SINESS/IN	OUSTRY	
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIe. Do NOT u	se retired.)					
르	5	+	Physic	ian-Inte	rnist	Medie	cine		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)		
	William S. Abernet	hv			Jane		Dool	al	
BE	19a. INFORMANT'S NAME (Type/Print)	ПУ	195 MAIL INC	Annaes /Small		Route Number, City or Tox	Rec		
9								1 2 1 2	
	Emily W. Abernethy					ockeysville			
	20e. METHOD OF DISPOSITION 1	State Me	tro Cre	sition (Name of ceremotory	netery, crematory or		tons		own, State MD 21228
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				D ADDRESS OF FA	ell-Wiedef		•	
	Must do tou								
	Martin D. Lawson			10 W.	Padonia	Rd., Tir	<u>noni</u>	um, N	ID 21093
	23. PART i. Enter the diseases, or complicati			not antar tha mo	da of dying, suc	h as cardiac or resp	iratory a	rrest,	Approximete
	shock, or heart fallure. List only to iMMEDIATE CAUSE (Final	Die Cause Dil aec	m mae.						interval Between Onset and Daath
	disesse or condition		UNCC	1 10	n., n.	1			
	resulting in death) s	DUE TO (OR AS A C	ONSFOLIENCE	DC NIC	14001 260	, (
	~	DUE TO (OR AS A C	4 = -	- 2000	(T).A				İ
N	Sequentially list conditions,	10071	クトイン	T DEM	100 111T				
Ĕ	If any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE C	F);					
CERTIFICATION	CAUSE (Disease or Injury								
트	that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	PF):					
E	resulting in death) LAST								
8									
AL	PART II. Other significant conditions contribu				g cause given in	Part I. 24s. WAS AP PERFO		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	PENEMERAL UNS.	cur.	DISCOS	(1 YES			COMPLETION OF CAUSE OF DEATH?
	NHI) (as Sci mades	COMDIO 1	LIASCUL	DA DIS	CASC				1 YES 2 NO
Σ	1411811311101111		0 (3.00		0 1 2 0	— [1 123 2 110
A	25. WAS CASE REFERRED TO MEDICAL			20.00	AGE DE DEATH (OL				
2	EXAMINER? HOSPI	TAL:		OTHER:	LACE DF DEATH (Ch	eck only one)			
PHYSICIAN: MEDICAL		tient 2 - ER/Outpat	lent 3 DOA	-		6 Other (Specify)			
H		(Month, Day, Year)	28b. TII		JURY AT ORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
BY	1 Netural 5 Pending 2 Accident Investigation		1035	M 1 🗆	YES 2 NO				
	I Decident	PLACE OF INJURY -		street, factory, offic	:a	26f, LOCATION (Street		er or Rural	Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify	7			City or Town, State	,		
Ш	29a, CERTIFIER							_	
P	(Check only								
O	2 MEDICAL EXAMINER: On the I	basis of examination a	and/or investigati	on, in my opinion, o	leath occured at the	time, data and place, a	nd due to	lhe cause((a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	MBER	29d. DA	TE SIGNE	D (Mg/fith, Day, Year)
ш					1		1		/

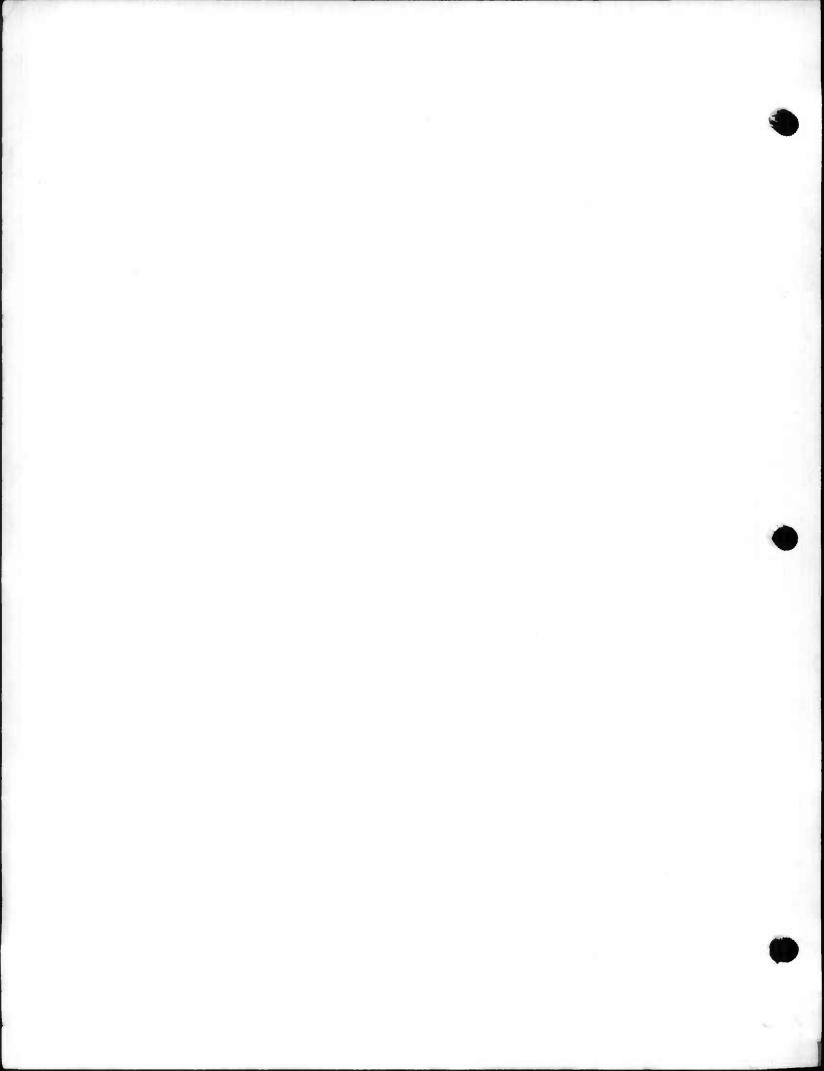
1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occ 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Robert Wiedefeld M.D 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

IAN 14 1992

2



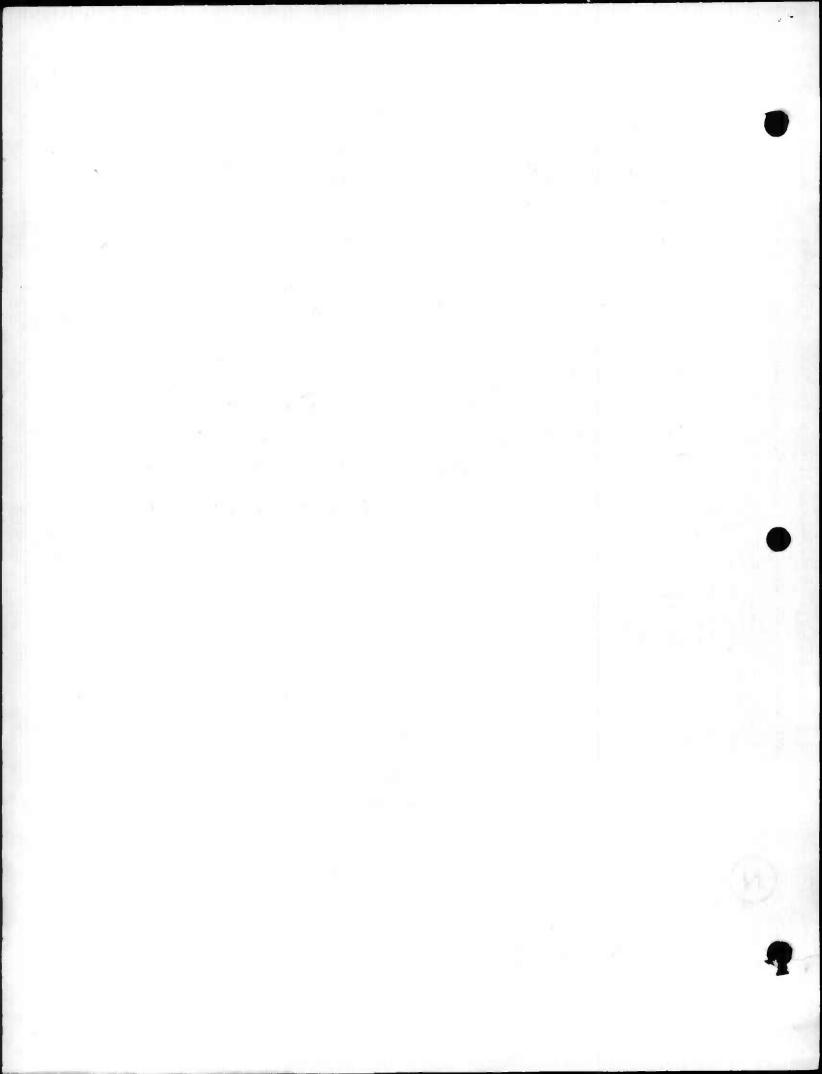
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sertif	the	d, or item 23 shows any injury, or o
this	with	ked
After	leath	E
1	0	69
É	š	200
NETAL DRECTUR: After this certificate has been signed by the attendin	hours	IT: If Item 28 is marked,
世	P.	=
쓸	*	E

31. OATE FILED (Month, Day, Year) 1992

32. RECVSTRAR'S BIGNATURE

	TOMIE ALEXAND	TOMIE ALEXANDER			2. DATE OF DEATH MONTH		2. 3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HR	8. 7. DATE OF BIFTTH	1 0	BIRTHPLACE (Stelle of Fo	
	410-180418	1 M 2 🗆 F	77 YRS. MO	NTHS DAYS HOURS MIN	(Month, Day, Near)	4	Country) ALA	
~	9s. FACILITY NAME (If not institution, give		ge	CITY, TOWN OR LOCATION OF		9c. COUNTY	OF DEATH	
힏	CHURCH HOSPI	TAL COX		BALTIMORE				
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OF LOCATION	•		10d, INSIDE CITY	
	Md		B	20			1 YES 2	
RAL	10e, STREET AND NUMBER	AVE		10f. ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	2121	14	u.	3.77	
	1 Never Merried 2 Married	FORCES? 1 YES	S 2 NO	13. WAS OECENDENT OF HIS If yes, specify Cuban, Mer	ricen, Puerto Ricen, etc.)	es or No — 14	RACE — American India Black, White, etc.	
ВУ	3 Widowed 4 Divorced	I TEO, GIVE VAIN ON	DATES	1 TYES 2 NO Spe	ecify:		Specify: Black	
ETED	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S USI	done during most of working	16b. KIND OF B	USINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	LABO	tired.)	An	zx C	C	
COMPL	17. FATHER'S NAME (First, Middle, Last)		6700				400	
BE	Clem / W	Perander		18. MOTHER'S	NAME (First, Middle, Maide	n Sumame)		
	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING AD	DRESS (Street and Number or Rui	rai Route Number, City-or To	, State, Zip Co	ode)	
2	Kent alexander 2312 Dry and Balloomd 21214							
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of cemejery, crematory or other place) DATE 20c. LOCATION — City or Town, State							
	4 Donellon 5 Other (Specify) Md. NEIGHAL MEMES 2/11 LAUREL, Md.							
	21. SIGNATURE OF FUNERAL SERVICE L	D		22. NAME AND ADDRESS OF	FACILITY			
	Jumothy	Kearlon		tocke du	nevel Hon	e 13	04 Ncentr	
	23. PART I. Enter the diseases or ahock, or heart failure.	Complications that cause List only one cause on	ed tha death. Do not a	enter the mode of dying, a	uch ea cardiac or reep	piratory arrest		
	iMMEDIATE CAUSE (Finel disease or condition	nina	i tox	-1-1			Interval Be Onset and	
	reculting in deeth)							
7		COPD						
CATION	Sequentially list conditions, If any, leading to immediate DIFE TO (OR AS A CONSEQUENCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease or injury			ļ				
RTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					
R	d							
A	PART II. Other aignificent condition	ne contributing to deeth	but not resulting in th	e underlying cause given	in Part I. 24a. WAS AI		24b. WERE AUTOPSY FI	
DICA					1 _ YES	RMED?	COMPLETION OF CO	
ME							1 TES 2 N	
AN:								
YSICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
HYS	1 YES 2 NO	1 Inpatient 2 ER/Out 28a, OATE OF INJURY	patient 3 DOA 4	Nursing Home 5 - Residence				
Y PH	1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO			26d. DESCRIBE HOW INJURY OCCURED			
D BY	3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory office			28f, LOCATION (Street	and Number or 5	Sural Boute Number		
	3 Suicide 8 Could not be determined 8 Could not be determined 281. LOCATION (Street and Number or Rural Rout City or Town, State)				TO THE INTERNATION OF THE PROPERTY OF THE PROP			
MPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.							
2	one) 2 MEOICAL EXAMINI	ER: On the basie of examination	on end/or investigation. In	my opinion double present at at	to the cause(s) shd ma	now as stated.		

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BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should use as the bunial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician, detached for director, page 5 should be Ħ notified P must examiner by the funeral d medical filled in by t the cremation completely executed within event, to burial. traumatic and the attending physician Mental Hygiene prior to HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be other e has been signed by the attente Dept. of Health and Mental H r this certificate has have the State Carked, or Item tem marked, DIRECTOR: After the hours after death w 99 28 Пеш FUNERAL I IMPORTANT: If 出出る 23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) MARY (REBECCA) BANKS 2. DATE OF DEATH 3. TIME OF DEATH 6:32 PH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Formige 7-9-33 218-28-8080 1 M 2 F 58 YRS. DAYS MD 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR UNIVERSITY OF MD BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? APT. A 675 MELVIN DRIVE 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ve kind of work done Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED 12th 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) RALPH ROBINSON RUTH NORRIS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 ANDREW GILLYARD 675 MELVIN DRIVE/BALTIMORE, MD 21230 METHOD OF DISPOSITION
Buriel 2 Cremetion 3 Pie 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Doneston 8 Doneston 8 Doneston cometery, cremetory or other place.

MT. ZION CEMETERY LANSDOWNE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haert failura. List only one ceuse on each lina. interval Between **IMMEDIATE CAUSE (Finel Onsat and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 10313 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS scorer accide AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNED OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

29c. LICENSE NUMBER

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 14 1992 32. REGISTRAR'S SIGNATURE www.doon-Handale

29b. SIGNATURE AND TITLE OF CERTIFIER

BE

2

29d. DATE SIGNED (Month, Day, Year)

Carly Divi

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	24 Hours after death. Page 6 may be retained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEI	NE 3W	00000
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	EZELL		BROWN		01 1		4:50 am
	4. SOCIAL SECURITY NUMBER		rs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
	220-90-0272	1 M 2 F	16 YRS.	DATE HOORS WIN.	4-4-1975		LTIMORE
00	9e. FACILITY NAME (If not institution, give str		9b. CITY	, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	UNIVERSITY HO	SPITAL	BA	LTIMORE			
l m	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
	MD.		BAI	LTIMORE			LIMITS?
AL.	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	28 GILMORE STRE	ET		21223			USA.
5	11. MARITAL STATUS 1 X Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic	NIC ORIGIN? (Specify Ve	s or No - 14. RAC	E — American Indien, ck, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	3	T YES 2 NO Spec	fly:	Spe	city:
ED	15. DECEDENT'S EDUCA	ATION 16	. DECEDENT'S USUAL O	CCURATION	164 KIND OF BU	ISINESS/INDUSTRY	LACK
Li I	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work done life. Do NOT use retired.)		IOD. KIND OF BU	JSINESS/INDUSTRY	
AP			UNEMPLOYE				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malder	Surneme)	
BE (EZELL JACKSON J	R.		CHARI	LOTTE	BROWN	
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	(Street and Number or Rura	Route Number, City or To	vn, State, Zip Code)	
-	CHARLOTTE BROW	N	28 GILMOR	E STREET, BA	ALTIMORE, N	ID. 21223	
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Remove	20b.PLA	ACE AND DATE OF DISPOS	ITION (Neme of	DATE 20c. LC	OCATION — City or T	own, State
	4 Donation 5 Other (Specify)		ZION CEME			ALTIMORE,	MARYLAND
	.0110		²² . J	DSEPH H. BRO	OWN JR. FUI	NERAL HOM	E, P.A.
	HIDLOU		191	3 W. BALTIMORE	ST. BALTO.	MD. 21223:	
	23. PART i. Enter tha diseases, or co	mplications that caused the	a daath. Do not anter	tha moda of dying, su	ch aa cardlac or reap	iratory arrest,	Approximata
	IMMEDIATE CAUSE (Final		200	01175 0	8		intarval Between Onset and Death
	resulting in death) a.	GUNSHOT W	NSEQUENCE OF:	CHEST G	onshot t	PHIP	
z							
CERTIFICATION	Sequantially list conditiona, if any, leading to immediata	DUE TO (OR AS A COM	NSEQUENCE OF):				
S	cause. Entar UNDERLYING CAUSE (Disease or injury						
빌	that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEOUENCE OF):				
	d.						
AL	PART II. Other significant conditions	contributing to death but n	ot resulting in the un	deriying cause givan ir	Part I. 24a. WAS AN	AUTOPSY 246	. WERE AUTOPSY FINDINGS
SC					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE							OF DEATH?
ž							
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lozue	26. PLACE OF DEATH (C	neck only one)		
YSI	1 X YES 2 NO	□ Inpatient 2 ER/Outpatien	oTHEF	ing Homa 5 ☐ Raeldence	8 Other (Specify)		
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	
	2 Accident Investigation	01/10/1992 280. PLACE OF INJURY — A		1 YES 2 NO	SUBJEC		
8	3 Suicide 8 Could not be 4 X Homicide determined	building, atc. (Specify)	PUBLIC S	REET	28t. LOCATION (Street City or Town, State	end Number or Rural :	Route Number,
<u>-</u>	29e. CERTIFIER		K FAYETTI		BALTIMO		YLAND
COMPLET	(Check only	AN: To the best of my knowledge	e, death occurred at the ti	me, data end place, end du	to the cause(e) end me	nner as stated.	
8		On the beale of examination and	for investigation, in my o	pinion, death occured at the	time, data end placa, e	nd due to the ceuse(e) end meriner as stated.
BE	296. HONATURE AND TITLE ON CERTIFIER	6.11	. 0	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
5	30 NAME AND ARDRESS OF REPOWER	COMPLETED STATES	<i>Y</i>)	0.0.	M.E.	01/1	0/1992
1	30. NAME AND ADDRESS OF PERSON WHO	1/00 1.			m. T. 1. 0 = ==		
Will.	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		TREET BAL	TIMORE,	MARYLAN	D 21201
	JAN 14 1992	Lulia Davidson					

and framework to

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR AM Richard Duncan 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 XM 2 | F MONTHS DAYS HOURS MIN VDS 218-20-4628 12/27/28 1, 2, 3 should Maryland 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3438 University Place Baltimore, City 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION permit. Page 10d. INSIDE CITY Baltimore, City Maryland 1X YES 2 NO City FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3438 University Place 21218 retained by the hospital or attending physician. burial-tran ILS. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 245 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: **MARYLAND 21215-0020** 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Divorced the Korean White use as t 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Attorney State Public Defenders Office 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ BE Orris notified a Marie page 5 should THE INFORMANT'S HAME (Type/Pror) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Ryanharrt Раде 6 тау be Same as 10e BALTIMORE, 99 20s METHOD OF DISPOSITION 1 Of Burlat 2 Committee CE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must ation 3 [] Re funeral director, 4 Donation S D er (Specify) . Woodlawn Cemetery 1/14/92 Balto, Md. examiner 21. SIGNATURE OF FI 1050 York Rd. 21204 nours after death. Ruck Towson Funeral Home, Inc. filled in by the fation, or removal. medical 23. PART I. Entar the diseases, or complication that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ehock, or heert failura. List only on ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel completely filled rial, cremation, Onset and Death the disease or condition_ neumoura executed within resulting in deeth) DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic event, DUE TO (OR AS A CONSEQUENCE OF) the attending physician and con I Mental Hygiene prior to burial, ancrealie cancon CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING requires that the death certificate be other t CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by the pt. of Health and N shows any Inj. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL r this certificate h h with the State C arked, or Item Item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 TES 2 NO OTHER. Nursing Home 5 Reeldence 6 C Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY marked, 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident Month, Day, Yeer INJURY 5 Pending Investigation BY 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death 26e. PLACE OF INJURY -- At home, term, street, fectory, office 6/9 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide ltem. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner se stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) elle 1 13 20650 wa MD 92 23 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David D. Collins M.D 500 W. University Parkway 32. REGISTRAR'S SHINATURE 31. DATE FILED (Month, Day, Year)

1992

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DIVISION	

	REGISTRAR		CE	RTIF	CATE O	DEATH	WENTER	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEAT	TH
	EDWARD	ANTHON	Y	В.	ARNHEA	RT	O I	12	1	9 9 2	2:25	ам
	4. SOCIAL SECURITY NUMBER 220-72-1170	1 X M 2 F	AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS			BIRTH Day, Year) 2-66		a. BIRTH Country	PLACE (State or Fo	oreign
TOR	90. FACILITY NAME (If not institution, give a BROENING HIGHW RESIDENCE OF DECEDENT		CLAIR	ROA		OR LOCATION OF D				LTI		
DIRECTOR	10a. STATE 10b. COUNT Md. Ba1			10c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY	
FUNERAL	10e. STREET AND NUMBER				1	Ot. ZIP CODE			10g. CITI	ZEN OF W	1 YES 2 HAT COUNTRY?	NO
N	3508 Louth Rd					21222				USA		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2.ALANO	RED O	It yes, s	CENDENT OF HISPAI pecify Cuben, Mexice S 2 NO Specif	n, Puerto Ric	Specify Yes en, etc.)	or No—	14. RACE Black Specifi	- American India, White, etc.	en,
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DEC (Giv	EDENT'S	USUAL OCCUPAT ork done during n	ION lost of working	16b. K	IND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			erotirod.) Metal Wo		Cox	astal	Com	n		
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA				,		
BE	Frank H. Barnhea	rt				Mary T						
2	196. INFORMANT'S NAME (Type/Print)					and Number or Rural				Code)		
	Mary Barnheart					Rd. Balto						
	1 \(\overline{Q}\) Buriel 2 \(\overline{Q}\) Cremation 3 \(\overline{Q}\) Remarks Other (Specify)	oval from State	cemetery, crem Parkw	etory or oth	F DISPOSITION (F	1-14	DATE		ATION —	-	*	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Laik	700u		ND ADDRESS OF FA	CILITY	ва	Tro.	, Ma.		
	() []	naz				C. Mille Belair R			ма	2120)6	
	ahock, or hasrt failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	MULTIPLE):						Interval Be Onset and	
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQU									
L CE	PART II. Other significant condition	s contributing to da	ath but not rai	aulting in	the underlyin	ng cause given in	Part I. 24	a, WAS AN	WTOPSY	24h	WERE AUTOPSY FR	SOMIUM
: MEDIC								PERFORI			AVAILABLE PRIOR S COMPLETION OF C DF DEATH? 1 YES 2 N	AUSE
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Che	eck only one)					
2	1 X YES 2 □ NO	1 Inpatient 2 I EF		DOA	OTHER: 4 - Nursing Hor	na 5 🗆 Raeldence	6 X Other (S	pecify) P	UBLI	C R	OADWAY	
BY Ph	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,) 0 1 / 1 1 /	1992	286. TIME INJU	OF 28c. IN W	JURY AT DRK? YES 2 X NO	28d. DEŞCRI	BE HOW IN	JURY OCC	URED	JCK BY	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	(Specify)		ROAD		281. LOCATIO City or To BELCI	ON (Stepes ar	ENI	NG" F	TTGHWAY	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my	knowledge, deat	h occurred	at the time, date	snd piece, and dua	to the cause(e) and menr	er se state	od. N	OUNDALE MARYLAN end menner ee st.	AD.
4	296. SIGNATURE AND TITLE OF CERTIFIER	aht MD				29c. LICENSE NUM					Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	F DEATH (ITEM :	27) (Type, f	Print)	O.C.M.	1. •		- 01	/ 11/	1992	
	DONALD G. WRIGHT A			PEN	N STRI	EET BAL	TIMOR	RE, N	1ARY	LANI	21201	1
		32. REGISTRAR'S										
_ _	- JHII 14 1337	The state of the s	- /iOnda 90									

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit mermin pages 1.2 a character	on, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

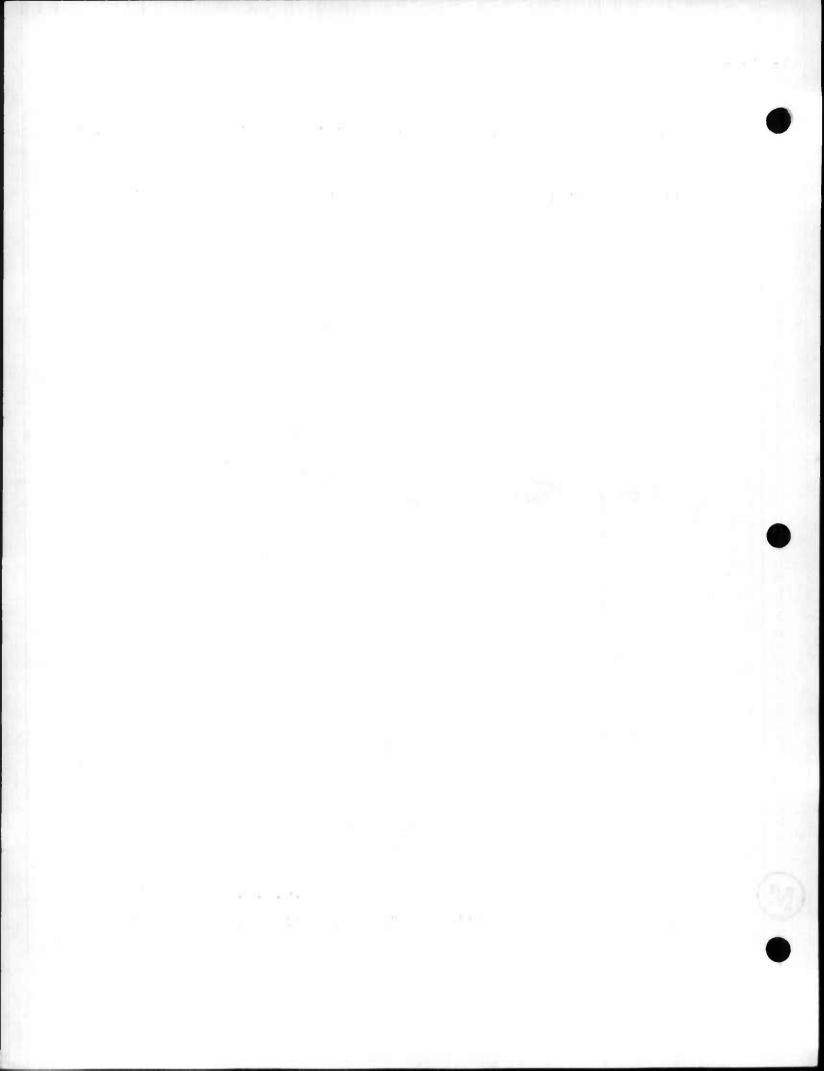
1. DEC	CEOENT'S NAME (First	, Middle, Last)					E OF			2. DATE OF C	EG. NO			3. TIME OF OEATH
CA	RTER		Α.		В	VEN	IS J	R.		MONTH O 1	04		92	11:15
	CIAL SECURITY NUM	7.50	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH	1	8. BIRTI	HPLACE (State or Foreig
	16-76-228		1 M 2 F	30	YRS.	MONTHS	DAYS	HOURS	MIN,	7 - 1 9.			Count	m MD
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	iffled In by the funeral director, page 5 should be detached for use as the burial-transit perm in, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

nit. Pages 1, 2, 3 should TO THE FINERAL DIRECTOR: After this certificate has been signed by the attentionate be executed within 24 nours after death. Page 6 may be retained by the hosp THE FINERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE RECISTRAR ROCCONTY MANAGE PRICE AND PRICE A	0.	5											92	2 0	0559
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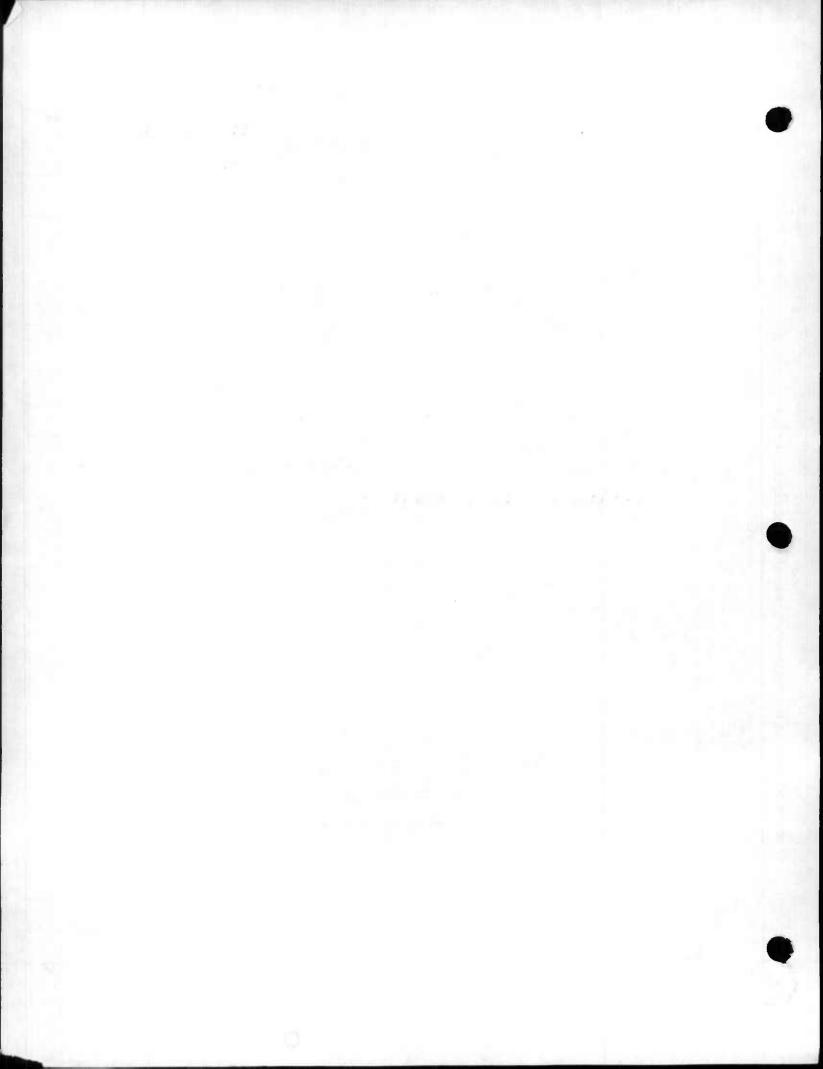


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1 PAY OTH MARGARET L. BAUERNSCHUB 2230 4. SOCIAL SECURITY NUMBER 213-03-8011 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Nov. 21, 1 🗌 M 2 📑 83 1908 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Ellicott City Howard County 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3004 N. Ridge Road 21043 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Pt IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: 3 X Widowed 4 Divorced Specify white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) Business Owner Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Markus Lorenz Marie Roegner BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
16 Broadleaf Court Balto 21234 2 Dennis M. Bauernschub 20s METHOD OF DISPOSITION
1 ABurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) ake View Memorial Gardens 1/15/ Sykesville, Md 21. SIGNATURE OF FUNERAL SERVICE SUCENSEE 22, NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home - Meso 11 10 736 Edmondson Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Intervel Between **IMMEDIATE CAUSE (Final** Se Onset and Death disease or condition resulting in deeth) pro DUE TO (OF AS A CONSEQUENCE OF) neu MEDICAL CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING hein d CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FROMOS AWILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPS! 1 YES 2 OF DEATH! 1 - YES 2X NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only o'll) **EXAMINER?** HOSPITAL OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF BEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY - At home, term, atreat, factory, office 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steled. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Rend ledecal 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NETIA SCHATURE



GULLET ARMODINAS



		CERTIFICATE OF	- DEATH	REG. N)	
1. DECEDENT'S NAME (First, Middle, Lest	L. BROW	NSR.		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/2-09-6708 FACILITY NAME (If not institution, give	5. SEX 8. AGE (In yrs. 1 M 2 F 7 3	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	918 m	THPLACE (State or Foreign untry) Bry fund
AESIDENCE OF DECEDENT 10a. STATE 10b. COUN MATU / MT	Kfored Av.	e, BALL	imore	City	9c. COUNTY OF	
		Ballim	OV CODE		Luciamon	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 40 13 0 PK	12. WAS DECEDENT EVER IN U.S.	ARMED 13. WAS DE	2/2/3	S NIC ORIGIN? (Specify Y	4.	S A
3 Wildowed 4 Divorced	FORCES? 1 YES 2	1 YE	S 2 NO Specific	an, Puarto Rican, atc.)	So	eck, White, etc.
t5. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	de completed)	DECEOENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	nost of working	16b. KIND OF B	JSINESS/INDUSTRY	0
17. FATNER'S NAME (First, Middle, Last)	BROWN		18. MOTHER'S NA	AME (First, Middle, Maide	ones	
19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS (Street	and Number or Rural	Route Number, City or To		1, 21215
20e. MEPHOD OF DISPOSITION 1	moval from State (cegnetery,	CEAND DATE OF DISPOSITION (Perematory) for otherplace)	Cem	1/17 6	CATION — City or	Town Stata Ind.
21. BRUNATURE OF FUNERAL SERVICE L	1. Russ	3222	W. Nor	The Ave. I	BALLO.	mol 2121
IMMEDIATE CAUSE (Final	r complications that caused the c. List only one cause on each li	death. Do not enter the m ne.	ode of dying, suc	h ss cardiac or real	olratory arreat,	Approximate
disesse or condition resulting in death)	a. TEXT MIT		N con	- dos	as a	
	DUE TO (OR AS A CONS DUE TO (OR AS A CONS OUE TO (OR AS A CONS	SEQUENCE OF): LETT FOR SEQUENCE OF):	N Cón	- dns	7 C	
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DOWN TO PERSONAL PROPERTY AND A PARTY OF THE

60, BALTIMORE, MARYLAND 21215-	within 24 nours after death. Page 6 may be retained by the hospi	npletely filled in by the funeral director, page 5 should be detached cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	

DIRECTOR FUNERAL BY COMPLETED BE 2 FOR STATE REGISTRAR

10a. STATE

10e. STREET AND NUMBER

> Widowed 4 □ Divorced

dary (0-12)

tt. MARITAL STATUS

Elementary/Seco

21. SIGNATURE OF FUNE

IMMEDIATE CAUSE (Final

disease or condition

4. SOCIAL SECURITY NUMBER

216-07-1085

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0	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be expensive to the funeral director, page 5 should be expensive.	be filed within 72 hours are death with the state bebt, or heath and welliar prior to bords, or heather. I have a state be notified at a IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the	31	2 =
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CERTIFICATION

BE COMPLETED BY PHYSICIAN: MEDICAL

2

31. DATE FILED (Month, Day, Year)

92 00562 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH (ELIZABETH BONDY) MONTH Jan Elizabet 12:30 A M Dondy 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In yrs last birthday) IF UNDER 1 YEAR JE LINDER 24 HRS. AUG 23, 1900 SOUTH CAROLINA DAYS HOURS 91 1 M WXX F VDS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN NURSING HOME TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10b. COUNTY 10d. INSIDE CITY XX YES 2 NO tor, ZIP CODE tog. CITIZEN OF WHAT COUNTRY? USA 7301 PARK HTS AVE., APT. 108 21208 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

† YES 2X ANO Specify: 1 Never Married 2 Married WHITE tea. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gri College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) ta, MOTHER'S NAME (First, Middle, Malden Surname) JOSEPH EPSTIN BERTHA MOTHNER ton. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) MR. S. KAUFMAN OTTENHEIMER 4005 OLD COURT RD. BALTO., MD 21208 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion
4 Donation 6 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State DRUID RIDGE 1-12-92 PIKESVILLE, MD 22, NAME AND ADDRESS OF FACILITY
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate shock, or heart failure Alat only one cause on each line. Interval Between **Onset and Death** 7 days and impuda in ada all.

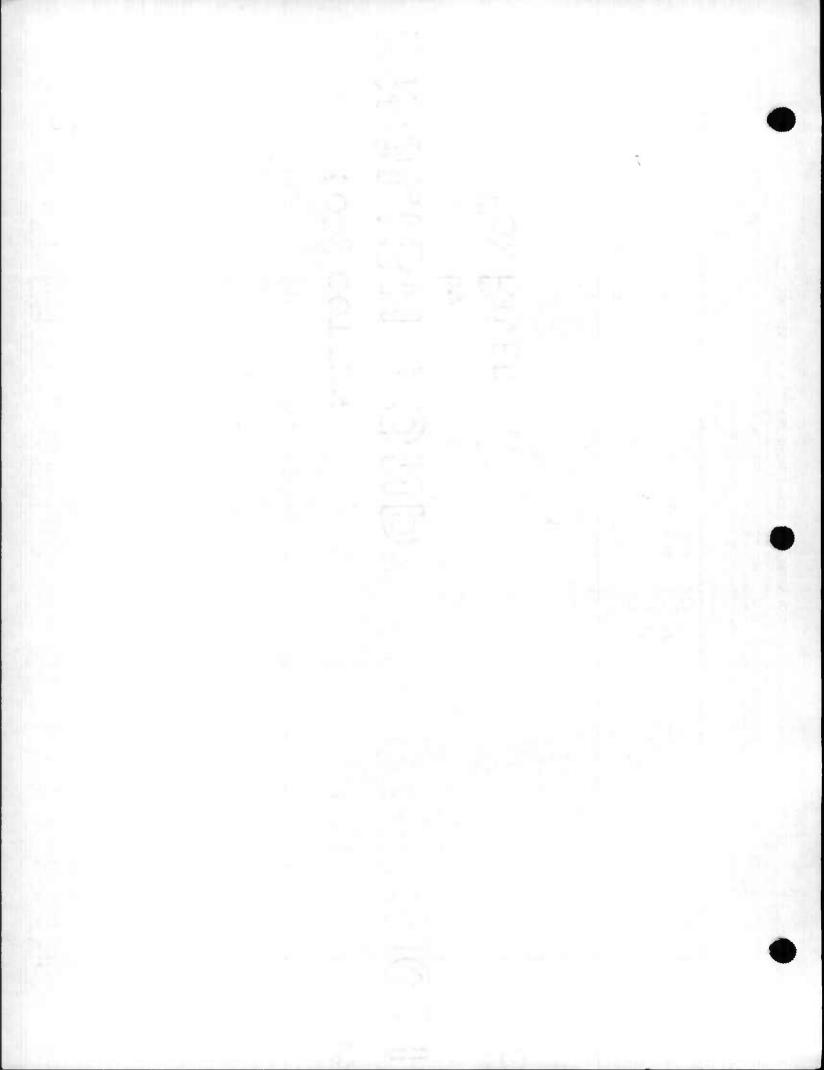
PART II. Other significant cond	litions con	tributing to deeth but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? t YES 2 NO	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	DUE TO (OR AS A CONSEQUENCE OF):	n disease	yrs.
Sequentially list conditions,	_ h	DUE TO (OR AS A CONSEQUENCE OF): Conceptive heart failure DUE TO (OR AS A CONSEQUENCE OF):		yus
resulting in death)	a	probable presentation		1 clary

25. WAS CASE REFERRED TO MEDICAL		26, PLACE OF OEATH (Check only one)					
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3		OTHER: 4 Minuraling Home 5 Residence 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d, DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY — At holbuilding, etc. (Specify)	me, farm, stree	et, factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

I	29a. CERTIFIER	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
I	one)	A DISTRICT TYLINGER OF THE PARTY OF THE PART

29b. SIGNATURE AND TITLE OF CERTIFIER	Lab Horney Manage	Table Date Gloves at the St. Mar.
Jan K Burd MD	29c. LICENSE NUMBER D 29920	29d. DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TO 4 (E K BUR) MD 2328 W (1)	OPPARD TIMONIU	M MD 21593

32. REGISTRAR'S SIGNATURE whia Davidson-Randall NDINGS



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	FOR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	FAITH ANG	MENTAL HYCICA		0563
	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Robert f		BOWLER			2. DATE OF DEATH	AY /9 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-18-5280A 9e. FACILITY NAME (If not institution, give s	1XXM 2 □ F 73	s. lest birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	MAY 27,19	18 V	RTHPLACE (State or Foreign TRGINIA
TOR	ST. AGNES HOS			96. CITY, TOWN OF BAL	TIMORE	DEATH	9c. COUNTY O	PF DEATN
FUNERAL DIRECTOR	MARYLAND 106. COUNTY	Y — — — — — — — — — — — — — — — — — — —		BALTIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL	709 CROSS ST.			101.	21225			S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 (7) YES 2 IF YES, GIVE WAR OR DATES NOV. 1, 1943-M/	□no \R.7,46	It yes, spe	cify Cuban, Mexi 2XX NO Spe	ANIC ORIGIN? (Specify Yea can, Puerto Rican, atc.) city:	8	ACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16s Completed) College (1-4 or 5+)	Give kind of we life. Do NOT use	work done during most retired.) WORKER	N t of working	BETHLE		EL CORP.
BE CO	17. FATHER'S NAME (First, Middle, Lest) ROBERT L. BOWL	_ER				NAME (First, Middle, Melden IEVE FRANK	Sumama)	
TO E	190. INFORMANT'S NAME (Type/Print) CAROLYN C. BO	DWLER	196. MAILING / 709	CROSS S	T. BAL	TIMORE, MD.	21225)
	20e. METHOD OF DISPOSITION 1	COMPMENT COMPETER	CE AND DATE OF	LL CEM.		1-13-92 BA	CATION — CITY OF LTIMORE	, MARYLAND
	- James =	L. Hade	- 9	MCCULL		RAL HOME 23	LTIMORE	TAPSCO AVE., MD.21225
	23. PART I. Enter the diseases, prosphere in the control of the co	Emplications that caused the List Dniy ona cause on each DUE TO (OR AS A COR	110 G	ENIC	la of dying, au	ich as cardiac or respi	ratory arrest,	Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.				dyst	rop/	ry		
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only one) PITAL: OTHER:					
- 1	27. MANNER OF DEATN 1 Natural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Outpatien 28e. DATE OF INJURY (Month, Day, Year)		OF 26c, INJUI	RY AT	6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — Air building, etc. (Specify)	home, ferm, str		26f. LOCATION (Street e City or Town, Stete)	nd Number or Run	al Route Number,	
E COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowledge	, death occurred for investigation,	in my opinion, dea	ith occured at th	e time, date and piece, end	due to the caus	
8 II	6 XI 1 4	1		1180	29c. LICENSE NO	50720	ZVG. DATE SIGN	ED (Month, Day, Your

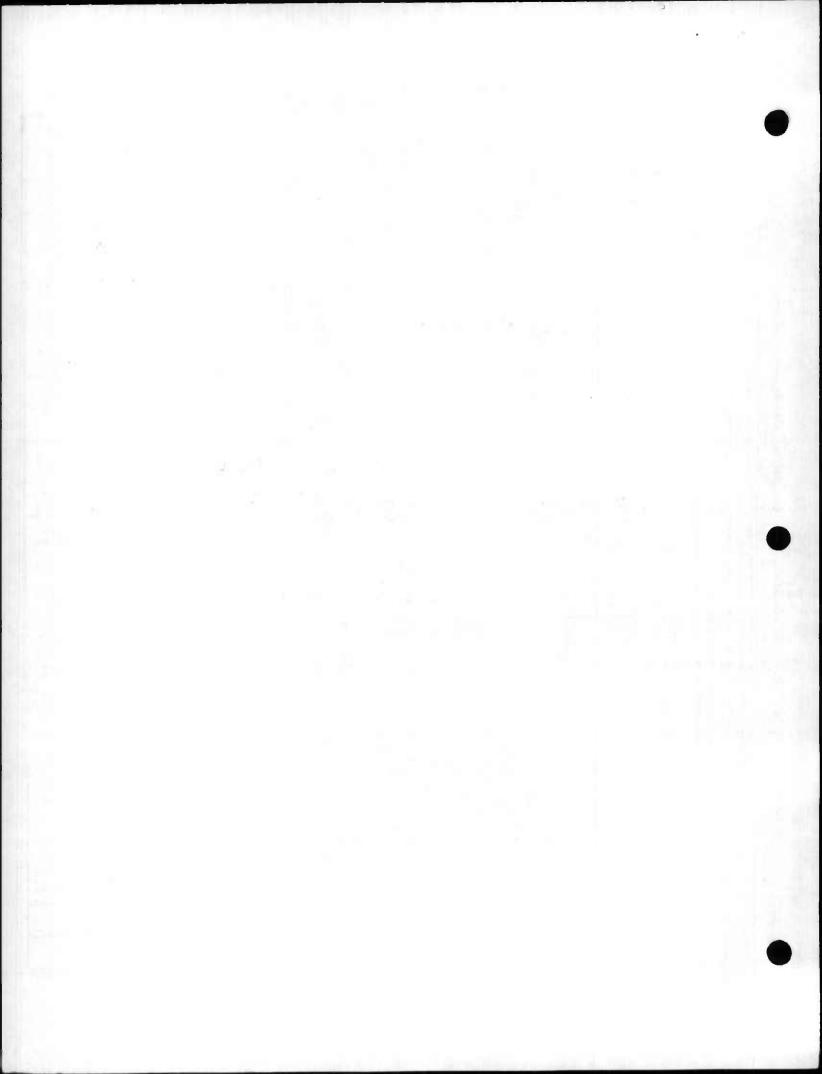
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAT'S SIGNATURE

27 Sychia Davidson Andelle

31. DATE FILED (Month, Day, Year)

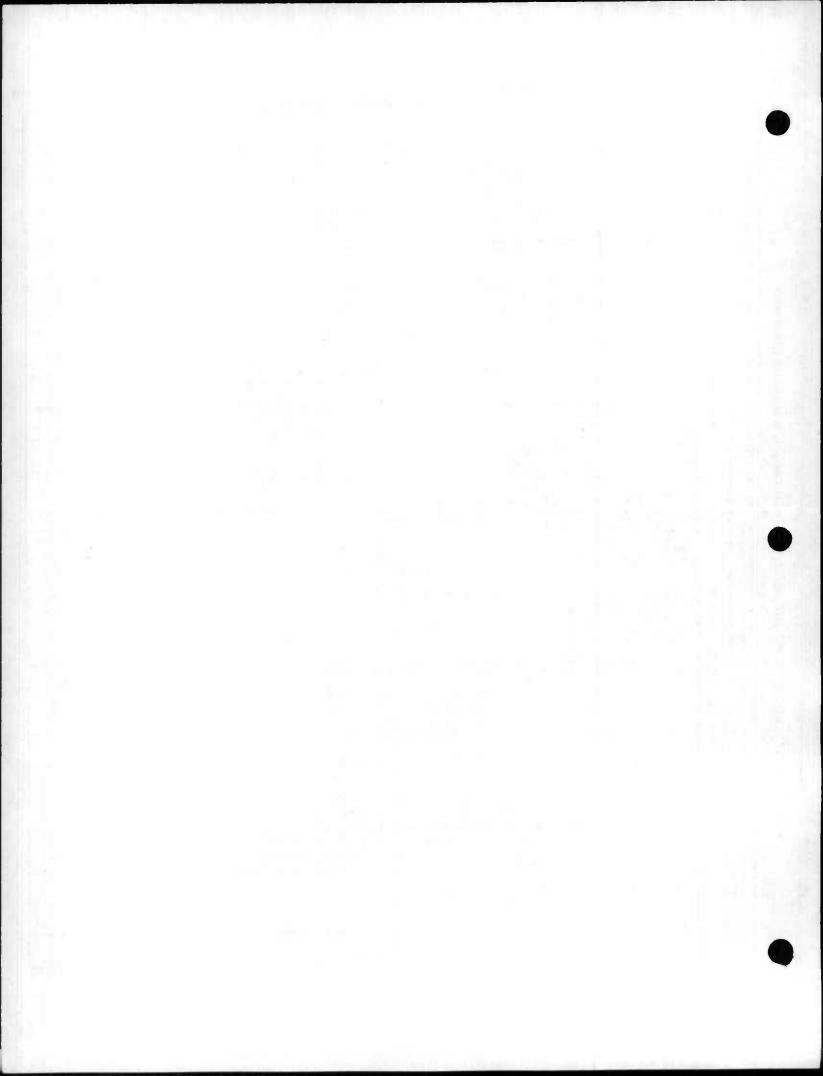
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND / D CEF	EPAR	TMENT	OF H	EALTH	AND N	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last	0	1)						2. DATE OF DEATN			3. TIME OF DEATN
	Nellie T.	Butz	BUIL						1-12-1	002	YEAR	445 AM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last bi	rthday)	IF UNDER		IF UNDER		7. DATE OF BIRTN	7.76	8. BIRTN	IPLACE (State or Foreign
	214-20-6717	1 M M XXF	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11-24-1	909	Country M a	w ryland
	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN O	R LOCATIO	ON OF DE			JNTY OF D	
OR	Good Samarita	n Hospit	al		Ва	lti	mor	e				
2	RESIDENCE OF DECEDENT	TV										
E.	Md.				, TOWN O		ON					10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER		E	gaT.	timo							1 YES 2 NO
FUNERAL DIRECTOR	3211 Northe	rn Dawler				107.	ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT						1214			U.S	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	D.	11	yes, spe	elfy Cubar 2X NO	ı, Mexicen	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	s or No—	Black	E — American Indian, K, Whita, atc. ""White
	15. DECEDENT'S ED	UCATION	16a. DECE	DENT'S 1	USUAL OC	CUPATIO	N:		16b. KIND OF BU	ISINESS/INI		WILLOE
H	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give i	kind of w	ork done d retired.)	uring mos	t of working	9	i da kina or ac	75111E337[11]	7031H1	
릴	12th	2vrs.		901	ceta	277			Stat	e Of	Mai	ryland
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1 4	18. MOTH	ER'S NAM	NE (First, Middle, Maider		Mai	Lyland
BE (Guy Talbott						Ka	athe	erine De	nnar	Ь	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS	(Street an	d Number	or Aural A	oute Number, City or Tox	vn, State, Zig	p Code)	
F	Mr. John C. B	utz							way Bal			21214
	20a. METHOD OF DISPOSITION 1 1 Burlet 2 □ Cremetion 3 □ Rai	movel from State	20b. PLACE AND	DATEO	FDISPOSI	TION (Nan	ne of		DATE 20c. LO			
	4 Donation 5 Other (Specify)	1	Parkwo	ory or off	cem	ete	rv		1/15 B	a1+o		MA
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES .			22. N	AME AND	ADDRES	S OF FAC	ILITY			
	They s	W w Kim			H	art	ley	Mil	ler Fun	eral	Hon	ne
	23. PART /. Ental-tha diseasas, or	complications that	Caused the death	. Do no	ot anter 1	DZ/	Hall le of dyle	or auch	d Rd. B	Alto	N	Approximata
	ahock, or heart failura iMMEDIATE CAUSE (Finel disease or condition	Cada	a on aden ima.	^				·g, 40011	as cardiac of feet	matory an	eat,	Interval Between Onset and Death
	resulting in death)	a. DUE TO (OR AS A CONSEQUE	NCE OF	negu	ryn	115					GDAYS
7		, d	(())		^	U						
CERTIFICATION	Sequantisity list conditions, if sny, lasding to immediate	DUE TO (C	OR AS A CONSEQUE	NCE OF	-							
S	Cause, Entar UNDERLYING CAUSE (Disease or Injury	C.										
E	that initiated events	DUE TO (C	OR AS A CONSEQUE	NCE OF)):							
H	resulting in death) LAST	d										
2	PART II. Other significant condition	one contributing to d	eath but not rasu	iting ir	the unc	leriving	Cause of	ven in P	art I. 24e, WAS AN	AUTOBEV	100	WEST AUTODOX STATE
CAL		_				icityiiig	cause g	ven m r	PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI				_					1 YES :	NO		OF DEATH?
Σ.									-	,		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					20 Pt A	CE OF DE	ATM (Ob.				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant 2 🗆 (OTHER:				ck only one)			
¥	27. MANNER OF DEATH	280. DATE OF IN	IJURY 26	b. TIME		8c. INJU			Other (Specify) 28d. DESCRIBE NOW	N IIIDY OO	CHRED	
ВУ Р	1 Natural 5 Pending	(Month, Day,	Year)	INJU	RY M	WOR	K?		Edd. DEGGMBE NOW	nooni occ	JUNED	
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At home,	term, st	reet, factor	y, office		-	281. LOCATION (Street	and Number	or Rural A	Oute Number
ᄪ	4 Homicide determined	building, at	c. (Specify)						City or Town, State)		0. 1.0.0.11	
٦ ا	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	v knowledge, death i	Occumed	l at the tirr	o deta a	nd place	and due to				
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of axes	mination and/or inves	ntigation	, in my opi	Inlon, das	ith occure	d at the ti	me, data and place, er	oner as stat	ed,	and manner on etated
	29b. SIGNATURE AND TITLE OF CERTIFIE		^				29c. LICEN				-	
BE	duamonal	le. V	W)				29C. LIGER	ISE NUME	PEN	▶ /	1)	(Month, Day, Hear)
임	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, F	Print)					-	1-1	1-
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	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		70.7				1 1	w Tilly	1-41)	- QI	U3
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be derach.	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	STATE OF MARY	CERTIFIC	ATE OF DEATH	REG. N		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
TERRENCE	В.	BASTE	ANI	Quonin C	P9 9 ^{v548}	8:39 P
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS		a, BIRT	HPLACE (State or Foreign
218-23-1875	1 M 2 D F 2	YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year)	20 Soun	UMA 5A
Sa. FACILITY NAME (If not institution, give :			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
UNIVERSITY HOS	PITAL		BALTIMORE C	ITY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY T	OWN OR LOCATION			
man land		0	The same of the sa			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		191	101. ZIP CODE		40- 01712711-07	1 PES 2 NO
			IOI. ZIF CODE		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISP	PANIC ORIGINS (Seconds V	413	.//.
1 Naver Married 2 Married	FORCES? 1 YES		It yes, specify Cuban, Max 1 YES 2 D NO Spe	ican, Puarlo Rican, atc.)	Blac	CE — American Indian, ck, White, atc.
3 Wildowed 4 Divorced			T IES 2 IS NO Spe	city.	Spec	PCRO
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BI	JSINESS/INDUSTRY	7
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	ired.) +			
		CONSIRUO	frow Works	C		
17. FATHER'S NAME (Girst, Middle, Last)	2-7-		18. MOTHER'9	NAME (First, Middle, Maide	Sumame)	/
COLLIN D.	ASICANI		C/A	delle	5/00	heson
19a. INFORMANT'S NAME (Type/Print)	2 . 7	19b. MAILING ADI	BESS (Street and Number or Run	al Apute Number, City or To	wn, State, Zip Code)	4 /
20a. METHOD OF DISPOSITION	ASRANI	7710 (OCO NOW KO	1. BA/10.	md,	21206
1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State	b. PLACE AND DATE OF D	SPOSITION (Name of place)	DATE 20c. L	OCATION - City or T	own, State
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11/16/10	22. NAME AND ADDRESS OF	114 6	DA1101	Ce. m
	10		Joseph Li	2655 F41	NCIA!	Home
23. PART I. Enter the diseases, or shock or heart failure	to Russ	/	2222 W.NO	TH AVE	BAIN.	modalak
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· COMPI	A CONSEQUENCE OF):	OF ABPOM	us wt	14	
thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II Other electronet and dist						
. A. II. Other significent condition	is contributing to deeth	but not resulting in th	e underlying ceuse given i	n Pert I. 24a, WAS AF	AUTOPSY 248	WERE AUTOPSY FINDIN
TOTAL II. Other significent condition	s contributing to deeth	but not resulting in th	e underlying ceuse given i	PERFO	RMED?	AVAILABLE PRIOR TO
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25. WAS CASE REFERRED TO MEDICAL		but not resulting in th		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HIND STATENDING PHYSICIAN: The law requires that the death certificate be executed within Turs after death. Page 6 may be retained by the hospital or attending I	THE FULL PRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ě	and a standard of item 23 to marked or item 23 chaus any injury or other traumatic event, the medical examiner must be notified at once

PEMY CHIHIM
31. DATE FILED (Month, Day, Year)
JAN 14 1992 Ju

	fle, Last)		EL	IZABE	ETH D	D. BAF	RNES	2. DATE OF MONTH	RY 8	199	9 ZFAR	3. TIME OF DEATH 1625 P M	
SOCIAL SECURITY NUMBER	5. SE	X 8. /	AGE (In vrs. In:	at birthday)	IF UNDER		F UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH		6. BIRTH	PLACE (State or Foreign	
526-30-1616	10	M 2XXX 88	3	YRS.	MONTHS	DAYS H	OURS MIN.		22,19	903			
4	, unyo street and	d number .			9b. CITY,	TOWN OR I	OCATION OF DI				NTY OF D		
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MARITAL STATUS Never Merried 2 Merri Microsoft Divorced	lad FC	MS DECEDENT EVORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2XX		1	If yes, specif	DENT OF HISPAI y Cuban, Maxica X NO Specif	nn, Puarto Ric	Specify Yee an, atc.)	or No—	Black	ACE — American Indian, ack, White, etc.	
	IT'S EDUCATION		16a. Di	ECEDENT'S	USUAL OC	CCUPATION		16b. K	IND OF BUS	INESS/INC	DUSTRY		
(Specify only high Elementary/Secondary (0-12)		ted) age (1-4 or 5+)	in Co	live kind of w Do NOT us	vork done o se retired.)	during most o	r working						
8			НО	MEMAK	ER				OWN	HOME	E		
7. FATHER'S NAME (First, Middle,						10	8. MOTHER'S NA	AME (First, Mid					
ROBERT FERGUS	SON							CLOTIL					
90. INFORMANT'S NAME (Type/P)	rint)		19	b. MAILING	ADDRESS	(Street and	Number or Rural	Route Number,	City or Town	n, State, Zip	cqcaOT	UMBIA, MD.	
SHARON PRELLE	R (DAUC	GHTER)	200	11600	LIT	TLE F	ATUXEN'	T PARK	WAY,	104	4,	21044	
On. METHOD OF DISPOSITION			20b. PLACE	OF DISPOS	SITION (Na	me of cemete	ery, crematory or		20c. LO	CATION —	City or To	rwn, Stata	
□ Buriel XX Cremetion 3 □ Donation 5 □ Other (Spec		om State	METER	O CRE	OTAM	77.77	1 //	0/00	CAM	MICHT	ET T 12	SEA DIFF ANTE	
	city)		TILLITA	O CILL	TIME	RY	1/9	9/92	CAT	TASAT	وظاطانا	MARYLAND	
1. SIGNATURE OF FUNERAL SEP				O CKE	22.	NAME AND	ADDRESS OF FA	CILITY					
	RVICE LICENSEE) >	4	O OKE	22. I	NAME AND	ADDRESS OF FA	SSELL	C. WI	LTZKE	E FUN	IERAL HOMES	
1 Lusse	RVICE LICENSEE	Dif.	4	,	LE 16	NAME AND A	ADDRESS OF FA	SSELL N AVEN	C. WI	ITZKE ATONS	E FUN	JERAL HOMES JE,MD.21228	
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MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. JAINT, TO SEPTH HDS

22. REGISTRAR'S SIGNATURE

MA DANGON MATTICERE

PITAL SACTIMORE.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle,	BENJAM IN				2. DATE OF DEATH		YEAR 2 3. TIME OF DEATH 7 A.M	
	4. SOCIAL SECURITY NUMBER 219-76-2082 90. FACILITY NAME (If not institution,	give street and number)	YRS. MO		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D		58	e. BIRTHPLACE (State or Foreign Country) South Carolin TY OF DEATH	
DIRECTOR	MD.	DUNTY	10c. CITY, To	OWN OR LOCA	Itimore Balt	imore C		100. INSIDE CITY	
AL	Mary 1 and 100. STREET AND NUMBER 550	RenBoady AV	renue		1. ZIP CODE 21.20			en of what country?	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yee or No— 1	Black, White, etc. Specify: Cgroid	
COMPLETED	15. DECEOENT'S (Specify only highest Elementary/Secondery (0-12) 12th grade	grade completed) College (1-4 or 5+) NONE	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Produce	done during mo tired.)	ost of working	Supe	BUSINESS/INDU	STRY	
BE CO	17. FATHER'S NAME (First, Middle, Less Ernest Ben	jamin Sr.	-4		Carri	e L. Dy	kes		
10	190. INFORMANT'S NAME (Type/Print) Ernest Benja 200. METHOD OF DISPOSITION	amin Sr.	1412 E	· COT	dspring		Balto,	Md. 21239	
	20e. METHOD OF DISPOSITION 1 Departual 2 Cremetion 3 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from State C6	Ob. PLACE AND DATE OF D emetery, crematory or other Arbutus	Memor:	ial Pk.	1/17/9	2 Balt	timore, Md.	
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF):	cereb,	tensia	Hyp	toma	Onset and Death	
MEDICAL	PART II. Other significent cond	litione contributing to deeth	but not resulting in the		ailure)	PERF	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Che				
ву Рн	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigat	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HON	W INJURY OCCU	RED	
a	3 Suicide 6 Could no 4 Homicide determine	Duliging, etc. (Soc	IY — At home, ferm, street ecify)	t, factory, office		28t. LOCATION (Stree City or Town, Ste	et end Number or ite)	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF SERTI	HYSICIAN: To the best of my know	wiedge, death occurred at on end/or investigation, in	the time, date my opinion, de	end place, end due	to the cause(e) end n time, date end place,	nenner as stated.	ceuse(e) end menner ee stated.	
TO BE	J.Sa	erh	M.D		29c. LICENSE NUM	BER	29d. OATE S	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON	5.		0					
	31. DATE FILED (Month, Day, Year)	JAN 1 4 1	992 Julia	Davidson	-Rendell				

A R SING WALLS F Sur I am Indone man day to makey to a

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

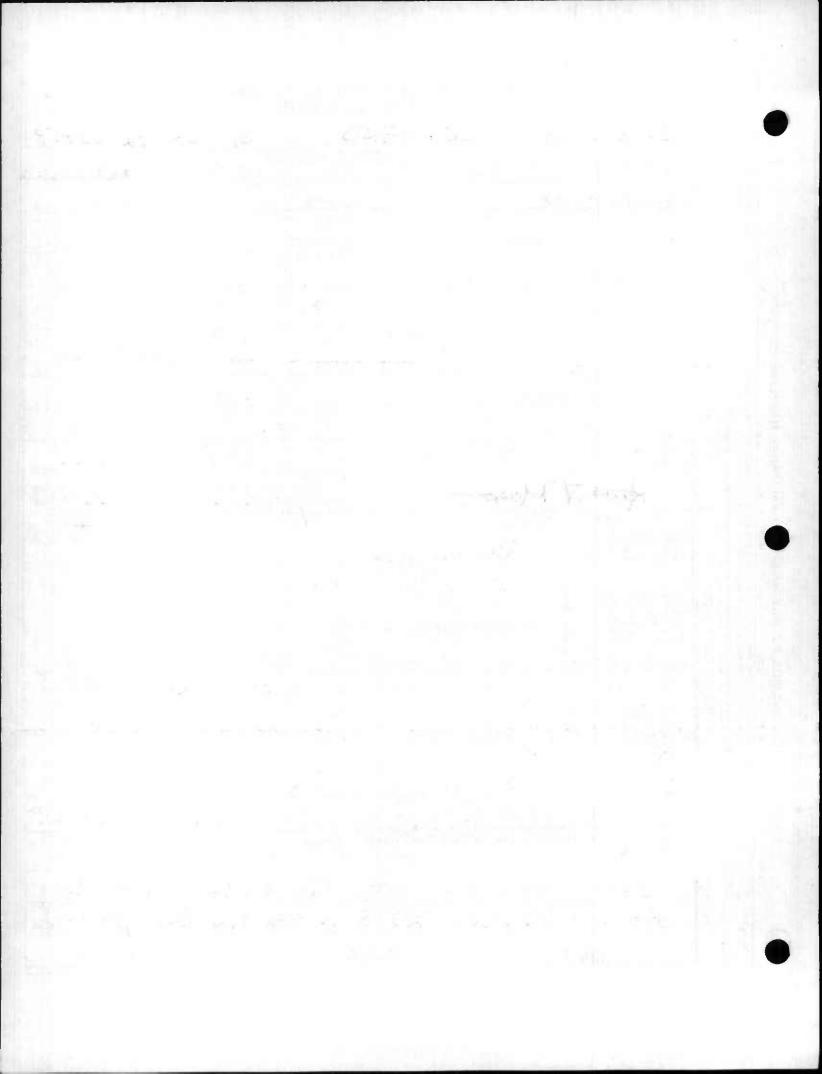
	1 - STATE REGISTRAR		CERTIF	ICATE O	HEALTH AND F DEATH) MENI	REG. NO	E		
- 1	1. DECEDENT'S NA'JE (First, Middle, Last) VALERIE	BABY (ARLAN "BOY" CHISM	IDON JAMA 1	L-ZAREK	SHAW)	MON			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		40.0	E OF BIRTH			5:45A LACE (State or For
	9e. FACILITY NAME (If not institution, give a		7 DAYS's.		HOURS MIN.	12/	16/199		BALT.	IMORE
OR	GREATER BALTIMOR	,	NTER	TOWSO		OEATH		1	TY OF DEA	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY BA	TIMORE	10c. CI1	Y, TOWN OR LOC				0/16		IOd. INSIDE CITY
-	10e. STREET AND NUMBER	LITHURE			10f. ZIP CODE					LIMITS?
FUNERAL	8720 EMGE ROAD				21234			10g. CITIZ	U.S.	A.
ВУ	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 V NO	If yes,	ECENDENT OF NISP specify Cuben, Mexi ES 2 NO Spe	icen, Puerlo	IN? (Specify Yes Ricen, etc.)	or No-	Black,	- American India White, etc. BLACK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) CHILD	CATION completed) College (1-4 or 5+)	IIIO. DO NOT U	work done during i	TION most of working	16	CHI			
BE CO	17. FATNER'S NAME (First, Middle, Last) LEROY SHAW						Middle, Meiden			
2	190. INFORMANT'S NAME (Type/Print) VALERIE CHISM		19b. MAILING 2520	ADDRESS (Street BARCLAY	ST./BAL	TIMOF	RE, MD	21218	Code)	
	20a. METNOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Reme	oval from State 20	b. PLACE AND DATE	OF DISPOSITION (Name of	DA	TE 20c. LOC	CATION — C	ity or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ALTIMORE		RY ANO ADDRESS OF I	FACILITY	BAL	BALTIMORE, MD		
	MM.C.MARCH F.H./1101 E.								H AV	ENUE
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST									
ICAL CE	PART II. Other eignificent conditions			ng ceuse given i	n Pert I.	24a. WAS AN / PERFORI	AED?	All	ERE AUTOPSY FINI MILABLE PRIOR TO	
: MEDIC	PATENT DUCTUS ARTERIOSUS 1 PERFORMED?								OI	OMPLETION OF CA F DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. F	PLACE OF DEATH (C	Check only or	ne)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY	-	Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	WORK? YES 2 NO						
TEO .	3 Suicide Suic							d Number or	Rural Rout	Number,
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	ledge, death occurre	d at the time, dat	e end place, end du death occured at th	e to the cer	use(s) end menr	er as stated	l. ceuse(s) ar	nd manner es ste
BE CO	296. SIONATURE AND TITLE OF CERTIFIER	> 1			29c. LICENSE NU					gath, Day, Year)
100	30. NAME AND ADDRESS OF PERSON WIND	PLETED CAUSE OF DE	ATN (ITEM 27) (Time	Print)	031	020	Co	> (100/	92
2	THE PROPERTY OF PERSON WING									
	STEVEN H. 31. DATE FILED (MONTH), DR. 1992 JAN 14 1992	REARCH		\$ 25	a	BN	C	•	·	

- Alexandra and the second

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DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPARE	TMEN	T OF H	EALTH	AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, ELIZABE	TH Virgin	ie eca			>			2. DATE OF DEATH MONTH DV	AY,	9a	3. TIME OF DEATH 0345 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. ia	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	578-72-9467	1 🗆 M 2 🔀 🗲	79	YRS.	MONTHS	DAYS	HOURS	MIN.	9-2-12 Year)		Count	hington,D.C.
_	9a. FACILITY NAME (If not institution,	give alreet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF OEA	TH	Bc. CO	UNTY OF D	DEATH
0	Suburban Hospi	tal			Be	thes	da			N	10ntg	omery
딩	RESIDENCE OF DECEDEN	DUNTY		T								
DIRECTOR					Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland Mo	ontgomery		5	ilve							1XXYES 2 □ NO
FUNERAL	2101 Fairland	Dood				- 1	2090					States
N.	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN ILC. AT		100							
84	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2X	NO		If yes, spe	city Cube	n, Mexican, Specify:	ORIGIN? (Specify Yes Puarto Rican, atc.)	or No-	Spec	E — American Indian, k, White, atc. #y:
8	15. DECEDENT'S (Specify only highest	EDUCATION	16e. Di	ECEDENT'S	USUAL O	CCUPATIO	Ň		16b. KIND OF BUS	SINESS/IN		II CE
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Bive kind of b. Do NOT u	se retired.)	during mos	It of worker	g				
MP		4		Neve	r Em	ploy	ed					
COMPLETED	17. FATHER'S NAME (First, Middle, La								E (First, Middle, Malden	Surname)		
BE	Edward B. Cr						R	uth 3	J. Murray			
10	19a. INFORMANT'S NAME (Type/Print)		19						ute Number, City or Town			
	David Bolig			199	8 Wi	nche	ster	Dr.,	East Lan	sing	J, MI	48823
# 9	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☆ Cremation 3 □ 4 □ Donation 6 □ Other (Specify)	Removal from State	20b. PLACE cemetery, cr	AND DATE	of bispos ther place)	OTV	ne of				nata	own, State
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE			22.	NAME AN	D ADDRES	SS OF FACI	LITY			•
	> Kareto	T. Maso			3	.Wil	liam th S	Lee	s Sons Co	mpar	y Fu	neral Home D.C. 20002
CERTIFICATION	23. PART I. Entar the diseases shock, or haart fai iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. PN DUE TO DUE TO C.	(OR AS A CONSE	OUENCE OF	F):				Jan (uz			Approximate interval Between Onset and Death
MEDICAL	Heron error									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:					CE OF DE	EATH (Check	k only one)			
YS!	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	aldence 6	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investiga	26a. DATE OF Month, O	INJURY py. Yogul	26b. TIM INJ	E OF URY M	28c. INJU WOF 1 Y	RK?		ed. DESCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could no	26a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) City or Town, State)									Poute Number, No.	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING I	PHYSICIAN: To the best of MINER: On the basis of a	my knowledge, de	ath occurre	nd at the ti	me, data i	and place,	and due to	The cause(a) and men	ner aa ata	ited.	, -0 , .
BE	29b. SIGNATURE AND TITLE OF CER		Zon	(ب	2			NSE NUMB				(Month, Day, Year)
5	30. NAME AND AGORESS OF PERSON	WHO COMPLETED CAUS	E OF OEATH (ITE	-				<u> </u>	5,1, 0		- G	2 off The
	21, DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	07	-18	<u>(6,</u>	2 (2	cur.	SIN R	100	-	achinago.
	JAN	4 1992	Julia Duy	lan-1	daplate	2						



filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

n and completely filled it to burial, cremation, or

attending physician prior

certificate has been signed by the atte h the State Dept, of Health and Mental

with this

death

after

hours

DIRECTOR: After

Pages 1, 2, 3 should

permit.

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687	executed
X	pe
O. B(sertificate
S, P	death
õ	the
S.	that
RECC	requires
1	AM.
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tro
VISION	ATTENDING
=	DB
	HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 92 12 Caisse 01 11:45 PM Robert Joseph 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 03/03/29 DAYS HOURS 1 X M 2 - F 62 YRS. 030-22-3523 Massachusetts 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1322 Dellwood Avenue 21211 Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1322 Dellwood Avenue 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 YES 2 X NO Specify. Specify: BY 3 Widowed 4 Divorced White Korea COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR ntary/Secondary (0-12) College (1-4 or 5+) 12th Drapery Installer Interior Decorating 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Caroline Caisse notified at Bonet BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 900 Stubblefield Ln. William D. Norlander Baltimore, MD 21202 3 20e. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE must of cemetary, crematory or other place) Metro Crematory, Inc. /134 Donation 5 Other (Specify) Baltimore. MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. 299 Frederick Rd. Balto., George E. MacNabb MD 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on asch line. Approximsta Interval Batween Onset and Death IMMEDIATE CAUSE (Final IMMuse Deficery Syndre the disease or condition resulting in death) event, traumatic CERTIFICATION Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, isading to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINOINGS 24a, WAS AN AUTOPSY MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 X NO 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Hem 2 HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 65 8 Could not be determined COMPLETED 28 4 Homicide Hem 29s. CERTIFIER

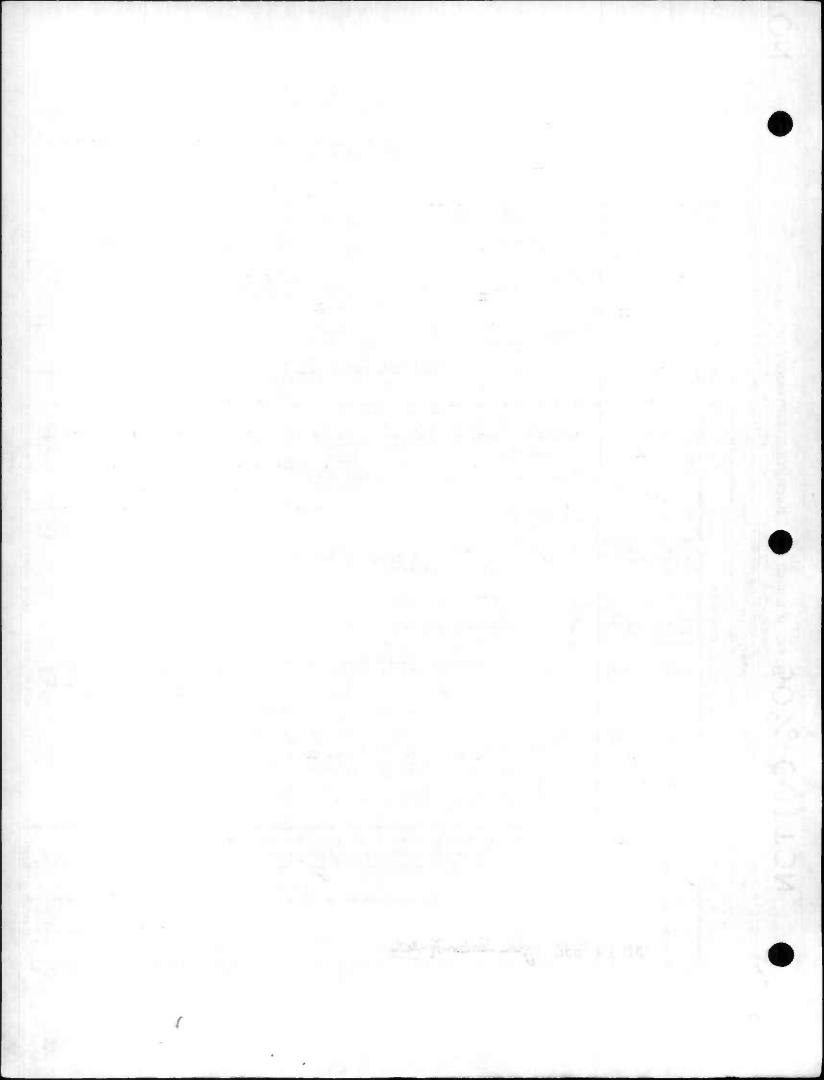
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF DERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29C. LICENSE NUMBER BE 01/13/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gwen DuBois, M.D. 5911 York Road Baltimore, MD 21212



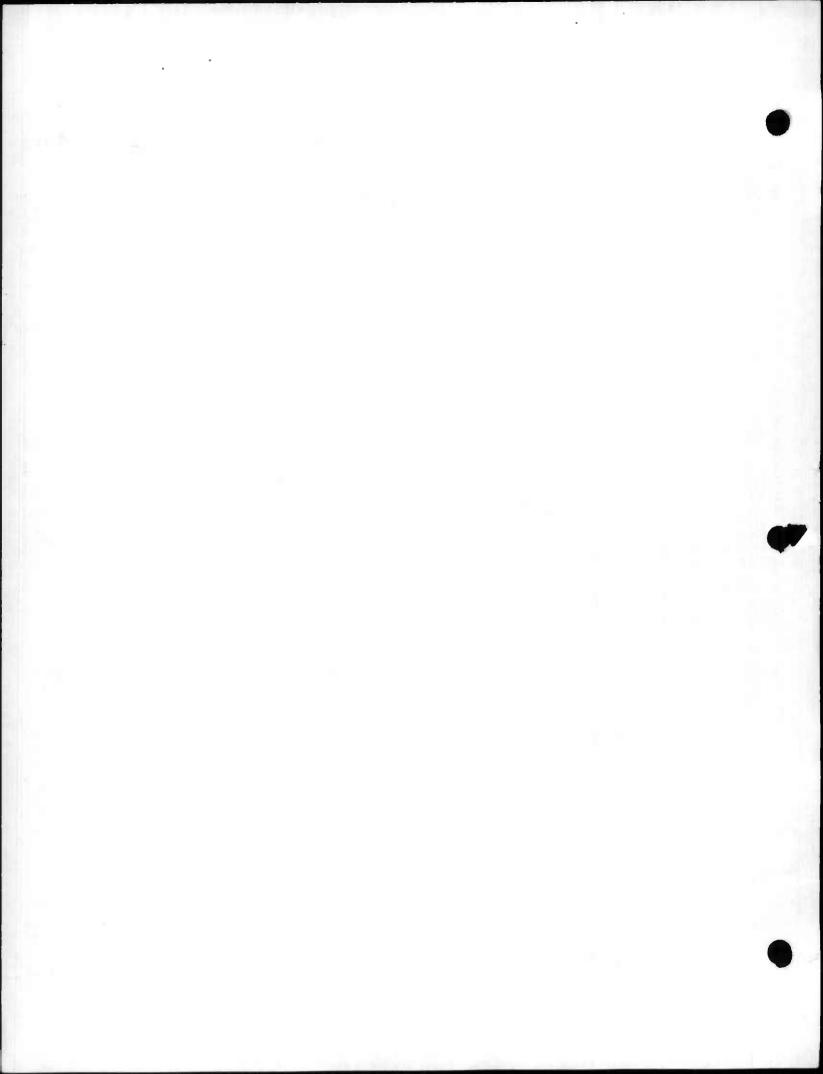
31. DATE FILEO (Month, Day, Year)

JAN 14 1992

32. AEGISTRAD'S SIGNATI



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)	BEULAH	VIOLA	CRISMONI		2. DATE O		o G	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 579 26 6017 96. FACILITY NAME (# not institution, give	1 🗆 M 2 🗍 F	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	4-1	F BIRTH Day, Year) 0-1918		BIRTHPLACE (State or Foreign Country) Maryland				
DIRECTOR	SOUTHERN MA	RY LAND H	OSPITAL	Sp. City, town	VION	DEATH		RING	OF GEORGE				
		nce George c	O 10c. CIT	Upper 1	Marlboro				10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	9608 Midland	ſurn		10	H. ZIP CODE	20	772		OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 3 2 NO Spec	en, Puerto Ric	(Specify Yes or can, atc.)	r No 14.	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grede Elementary/Secondary (0-12) grade sch	JCATION e completed) College (1-4 or 5+)	16e. OECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION of the control of t	ON		IND OF BUSIN	iESS/INDUST					
NO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		memake						
BE (Benjamin Edwar	d Pier					ca Han						
5	190. INFORMANT'S NAME (Type/Print)		1		end Number or Rural	Route Number	City or Town,	State, Zip Coo					
	Diane Nelson 204 METHOD OF DISPOSITION	Niece	9608						MD 20772				
	1 Buriel 2 Cremetion 3 Rem 4 1 Donetion 5 Other (Specify)	noval from State	netery, crematory or of	her place)		OATE			or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LI	User	1-13-92	655 W	ND ADDRESS OF F	ore St	. Bal	to.,M	D 21201				
	23. PART I. Enter the disesses, or shock, or heart fellure.	complications that caused Liet only one cause on e	the deeth. Do n	ot enter the mo	ode of dying, au	ch es cardia	c or reepirat	lory arrest,	Approximata interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Chorn distillute (Leg Must)												
NO	Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): Ance of Hardeles - Part Differential												
ICATI	If any, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	ceuse. Enter UNDERLYING											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
AL C	PART II. Other algnificent condition	a contributing to deeth b	ut not resulting in	n the underlyin	g cause given in	Pert i. 2	4a. WAS AN AU	TOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDIC	PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO YES 2 NO OF DEATH?												
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (C)	heck only one)							
YSIG	1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Reeldence	8 Other (S	Specify)						
ВУ РН	27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	28d. DESCF	HBE HOW INJU	JRY OCCURE	D				
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, at	reet, fectory, offic	•	261. LOCATI City or	ON (Street end Town, State)	Number or R	ural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of examination	ledge, death occurre	d at the time, date , in my opinion, d	end place, end due	to the ceuse	(e) end menner d place, end d	r ee atated, us to the ce	use(s) end menner es stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER Mules	a Tenthal	mh		29c. LICENSE NUI		21	9d. DATE SIG	INED (Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	0 2.00	No.		, /					
	31. DATE FILED (Month, Day, Year)	32. BEGISTBADIS SIGNA	ATURE -										
	JAN 1 41992	32. REGISTRAR'S SIGNA	7. Rondollo										



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

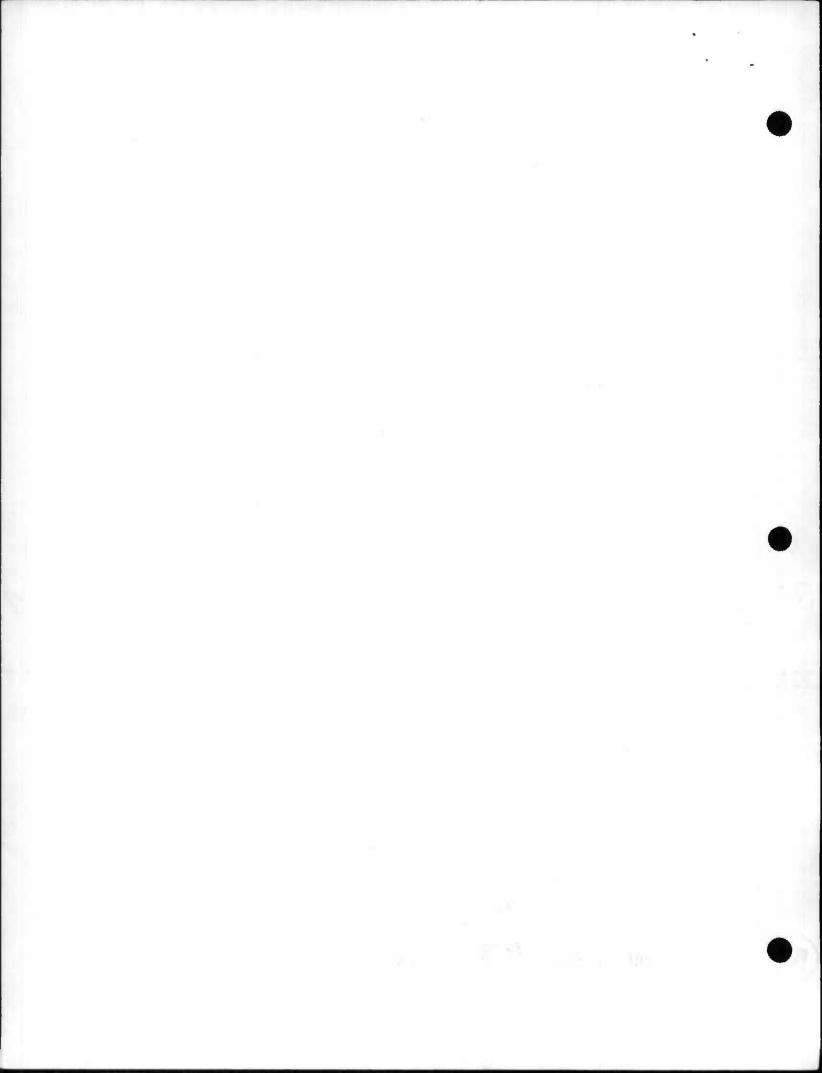
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRA	F
	1. D	ECEDENT'S N	-

STATE DF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE	OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ANDREW (NAMARIO)	D'Amario			2. DATE O	OF DEATH DAY	1993	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-18-3243	5. SEX 6. AG	1,	F UNDER 1 YEA		7. DATE C	DE BIRTH Day, Year)	6. BIRT	THPLACE (State or Foreign stry)
9a. FACILITY NAME (If not institution, give :	street and number)		b. CITY, TOV	WN OR LOCATION OF E	DEATH	-17	c. COUNTY OF	DEATH
OLD COURT NO	ursing cen			oalls tax		20		timore
10a. STATE 10b. COUNT	Υ	10c, CITY,	TOWN OR LO	OCATION				10d. INSIDE CITY
Md.	Balto.							LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
5412 Old Cot	urt Rd.			21133				USA
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPA	NIC ORIGIN	? (Specify Yea or I	No- 14. RA	E — American Indian,
1 Never Married 2 Married	FORCES? 1 YE			s, specify Cuban, Mexic YES 2 NO Spec		lican, etc.)		ck, White, etc.
3 Widowed 4 Divorced	1.04.14.4.30.4.31.04.				,.			white
15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S US	SUAL OCCU	PATION	16b.	KIND OF BUSINE	ESS/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	e completed) Coffege (1-4 or 5+)	(Give Idnd of wor	k done durin _! retired.)	g most of working				
	College (1-4 or 5+)	Cl	1					
4		Shoema	ker					
17. FATHER'S NAME (First, Middle, Last)						fiddle, Maiden Surr	,	
Nicola D'Amar	io					ettimio		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Str	reet and Number or Rura	/ Route Numb	er, City or Town, St	tate, Zip Code)	
Rose S. D'Amario		9204 A	Tlene	swood Rd.	Randa	11stown	. Md	21133
20a METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ren		10b. PLACE OF DISPOSIT					ION - City or	
1XXBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	Oak Larm	Como+	ery		Ro1+	o., Md	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Oak Lawii		E AND ADDRESS OF F		Dair	o., rid	•
Oh is		-		C. Mille				
1 20 1.	nalls &	2		Belair R			d 212	06
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	nd O m	unde				Onset and Death
PART II. Other significant condition			the under	1ying cause given i	n Part I.	24a. WAS AN AUTPERFORME 1 YES 2	:07	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C	Check only on	10)		
EXAMINER?	HOSPITAL:		THER:	Home 5 - Residence	6 Cthe	r (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea	Y 28b, TIME	OF 280	. INJURY AT WORK?		CRIBE HOW INJU	JRY OCCURED	
2 Accident Investigation		100V AA 5-11-11	175		000 100	ATION (Street and	March - 5	10
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, farm, str pecify)	eet, ractory,	опісе		or Town, State)	Number or Hure	r Houte Number,
(Crieda Orny	SICIAN: To the best of my kn IER: On the basis of examina							e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER :			29c. LICENSE N	UMBER	94	9d. DATE SION	ED (Month, Day, Year)
alley el	une	no			908			11-92
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	rint)					
Allon J. Chi.	acus mi		7 4:	Bunly R	D.	REINDU	16 He w	~ mos 120>
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE						
JAN 1 4 1992	Juna Burd	-						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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The following the control of the hospital or attended which the hours are death. Page 6 may be retained by the hospital or attending physician	WHEN UNESTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	100	guei I

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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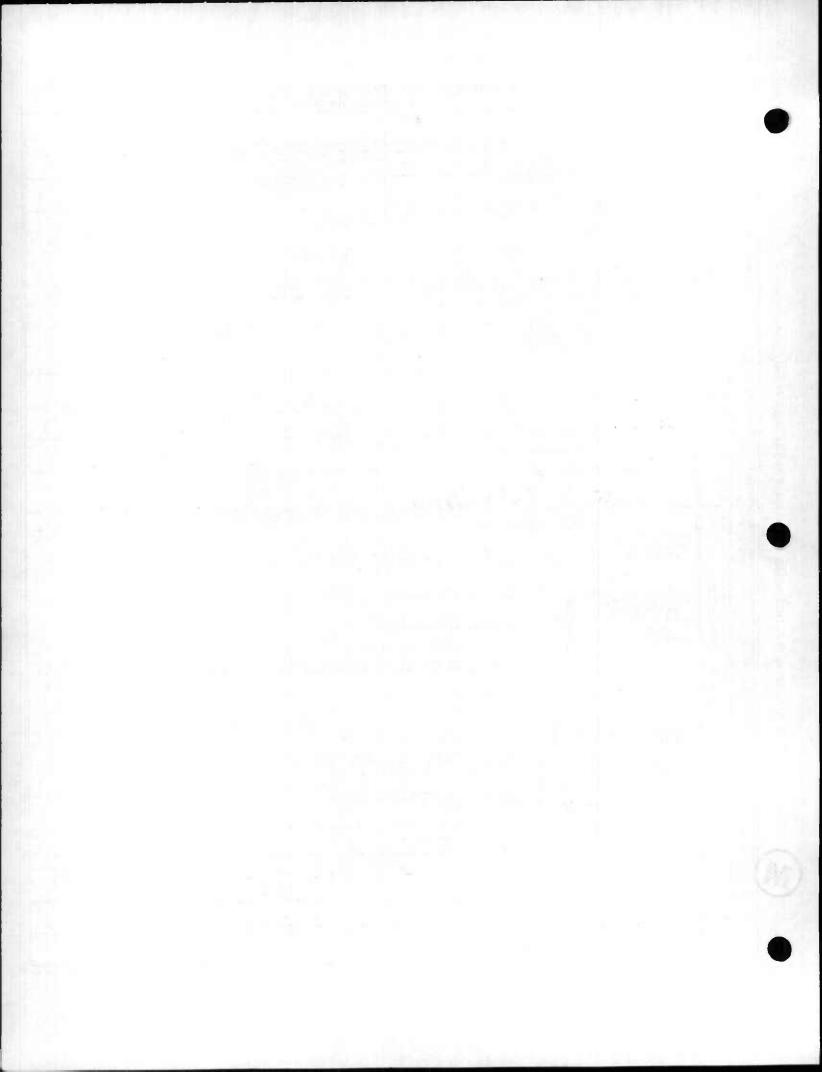
Milner, M

JMIL 14 1992

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32 PERSEPHUSIASIMITURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ralph E. DeArment MONTH 13-041992 YEAR 10:40 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 213-09-3272 1 M 2 F MONTHS DAYS HOURS YRS. 6- 12- 1918 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2528 Liberty Parkway Dundalk Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Dundalk 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZtP CODE 10g. CITIZEN OF WHAT COUNTRY? 2528 Liberty Pkwy 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or It yes, specify Cuban, Maxican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced 1 TYES 2 NO Specify: White 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highe COMPLET (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Fire Chief Unknown Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Roy G. DeArment BE Dora Estep 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cynthia D. Thall 2528 Liberty Pkwy. Dundalk, Md. 21222 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Green Mount Crematory Baltimore, Md. 21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bradley-Ashton Funeral Home, Inc. 0 MODIL 2134 Willow Spring Rd., Dundalk, Md. 21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Destate concurara disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Naturat M 1 YES 2 NO 2 Accident 3 Suicida 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 92



	Page	2	Ŋ
8	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$ within \$\infty\$ after death. Page 6 may be retained by the hospital or attending physician.	THI CI	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified 3t once.
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	FOR 1 - STATE	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIE		03/4			
	negistrar 1. Decedent's NAME (First, Middle, Last) Behiam	in Pisken		IN DISKIN)			AR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2,50 3 - 783) A	5. SEX 8. AGE (II		UNDER 1 YEAR F UNDER 24 HRS ITHS DAYS HOURS MIN.		8.1	BIRTHPLACE (State or Foreign Country) RUSSIA			
TOR	98. FACILITY NAME (If not institution, give str BATHO GUNTY RESIDENCE OF DECEDENT	General	/ HOSP	CITY RANDALLSIC	WI4 H	9c. COUNTY	OF DEATH HO			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR I OCATION	BALTIM		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	2500 W. BELVEI			101. ZIP CODE	2/215	45	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISI If yes, specify Caben, Mex 1 YES 2 NO Spe	icen, Puerto Rican, etc.)	fee or No— 14.	RACE — American Indian, Black, White, atc. Specify: I			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret UPHOLSTE	done during most of working ired.)		ON BROS				
	17. FATHER'S NAME (First, Middle, Lest) JOSEPH DISKI	N			NAME (First, Middle, Maidle E BELKIN	en Surname)				
TO BE	190. INFORMANT'S NAME (Type/Print) MRS ELINOR ATTM			PRESS (Street and Number or Rule) FARMHOUSE CO						
	20e. METHOD OF DISPOSITION 20e. THE HOLD OF DISPOSITION (Name of cemetery, crematory or the place) 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 8NAT JACOB 1-12-92 BALTIMORE, MD									
	21. SIGNATURE OF FUNERAL SERVICE ACT	James	·	22. NAME AND ADDRESS OF 6010 REISTE	THEON ROBE	BALTO.	MD 21215			
	25. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chamu and failure.									
NO	Due to (or as a consequence/or): New 910N1A DayS									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other-significant condition	1			to Book Law was	AN AUTOPSY				
: MEDICAL	Proumonis	dure '		Gore	PERF	2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only one)					
YSIC	EXAMINER? 1 (VES 2 NO	HOSPITAL: 1 inpatient 2 ER/Oulp		THER: ☐ Nursing Home 5 ☐ Residen	ce 6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO				W INJURY OCCUR	ED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atrec	rt, factory, office	281. LOCATION (Stre City or Town, Str		Flural Floute Number,			
COMPLETED	(Grader Strift		_	t the time, date end place, end n my opinion, death occured at			euse(e) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CENTIFIES	m's/An	A. Chem	29c. LICENSE	NUMBER 355	29d. DATE S	IGNED (Month, Day, Mear)			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CM SE OF DEATH (ITEM 27) (Type, Part)							2 2 12 15			

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

Intarval Batween **Onset and Death**

	1. DEGEDENT'S NAME (First, Middle, Last) ANNA MURTEL DA	AWSON	2. DATE OF DEATH MONTH DAY 97	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 22 2747 1 M 2 F 74 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) February 21, 19	S. BIRTHPLACE (State Form Country) 17 Maryland
I GB	96. EACHITY NAME (If not institution, give street and number) Fall Ston Gen Hospital RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION OF E	MD 9c, count	Y OF DEATH UFOVA
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TO	wn or Location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 1118 Chrome Hill Road	101. ZIP CODE 2 108	34	USA
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	4. RACE — American Indien, Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during most of working	16b. KIND OF BUSINESS/INDU	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) James White	18. MOTHER'S N	IAME (First, Middle, Maiden Surname)	
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADI	DRESS (Street and Number or Rura	A Route Number, City or Town, State, Zip C	
	20e. METHOD OF DISPOSITION 1 Suriei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ther place)	OATE 20c. LOCATION — C	
CABINE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 1-13-92	22. NAME AND ADDRESS OF F	more St, Balto.,	
CERTIFICATION	23. ART I. Enter the disease, or complications that caused the death. Do not a shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the failure terms of the control of the	Lung, and Lung,		st, Approximate interval Between Onset and Des
	resulting in deeth) LAST	hyrema a	and Chronic	
ME	PART II. Other significant conditions contributing to death but not resulting in the contribution of a charles	Le Underlying ceuse given i	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	1 YES 2 NO 1/2 Inpatient 2 ER/Outpatient 3 DOA 4 (27. MANNER OF DEATH 29s. DATE OF INJURY 26b. TIME O	26, PLACE OF DEATH (I		URED
ED BY	Natural 5	M 1 YES 2 NO	261. LOCATION (Street and Number of City or Town, State)	
MPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a cone) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, is			
B	29b. SIGNATURE AND SITLE OF CERTIFIER? Clibrais S.C. Sun, M.D.	29c. LICENSE N	6 / 6 - 6 .	Au. 11, 92
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pri. Closet S. C., Sun, m.D. 1800 1	Harford Ra		4D 21047

32. REGISTRAP'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

FOR STATE REGISTRAR

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending become	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transcent with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IMPORTANT

31. DATE FILED (Month, Day, Year) I W W I

3 1992

DIRECTOR: A hours after d

THE HOSPITAL OF THE FUNERAL D

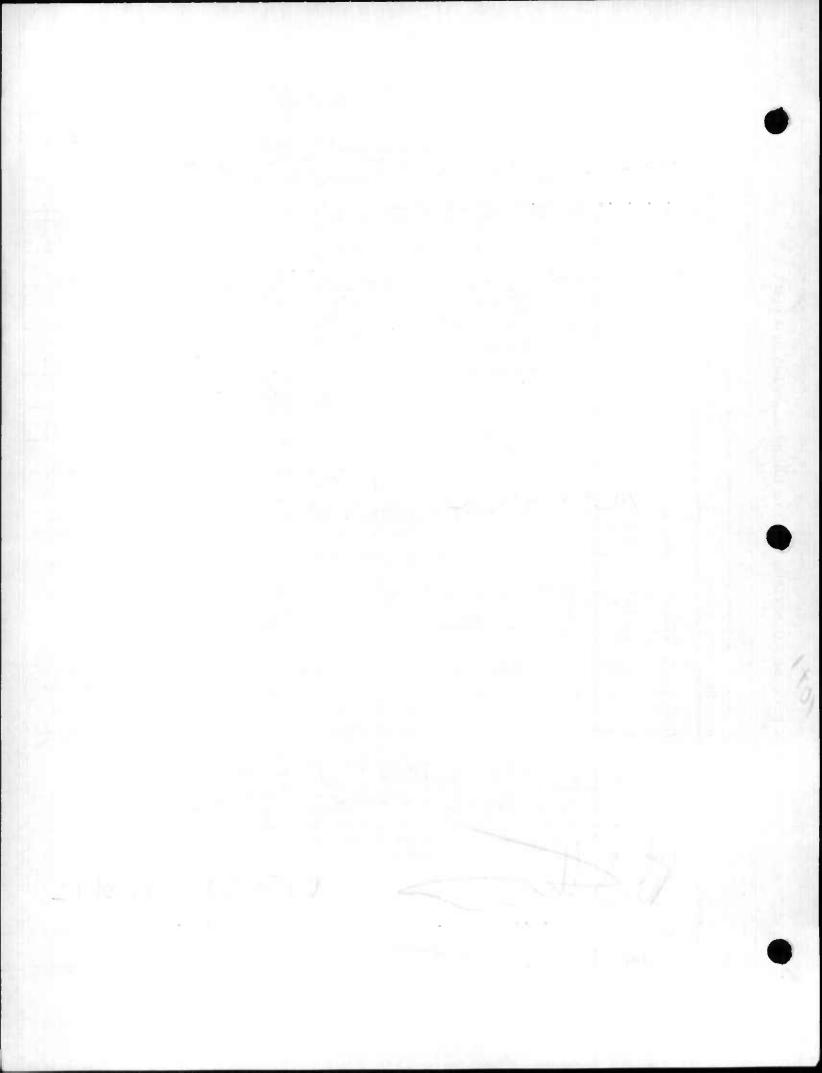
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permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR CHARLES J DEGELE 01 10 992 5:00P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 1 X M 2 - F DAYS HOURS MIN. YRS. 212-30-0863 60 08/29/1931 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR G.B.M.C., 6701 N.CHARLES STREET TOWSON BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Apt. 102 2409 LOUISE AVENUE 21214 United States 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—it yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g. Elementary/Secondary (0-12) College (1-4 or 5+) 12 Draftsman Baltimore Gas & Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph C. Degele Marie A. Werner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth M. Degele 2409 Louise Avenue Apt. 102 Baltimore, Md. 21214 20s. METNOD OF DISPOSITION
1 M Burlel 2 Cremetton 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Moreland Park Cemetery 1/14/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY, LEONAYO J. RUCK, Inc. Mark T. Zarapra 5305 Harford Rd. Baltimore, Md. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart failure. List only one cause on each line. Intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition ASYSTOLE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING AMYLOIDOSIS **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? t ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) t TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY t Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide ETED 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide COMPLI † CERTIFYING PHYSICIAN: To the last of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as stated. 3 MEDICAL EXAM On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, 29d. DATE SIGNED (Month), Day BE 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CADEE OF DEATH (ITEM 27) (Type, Print) PETER STAMAS M.D., 6565 N. CHARLES STREET, TOWSON, MD.

32. REGISTRAR'S SIGNATURE
GLINA JAWISSON - PRINCESSE



	E.
100	De
rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit perm
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within PAGFOURS after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

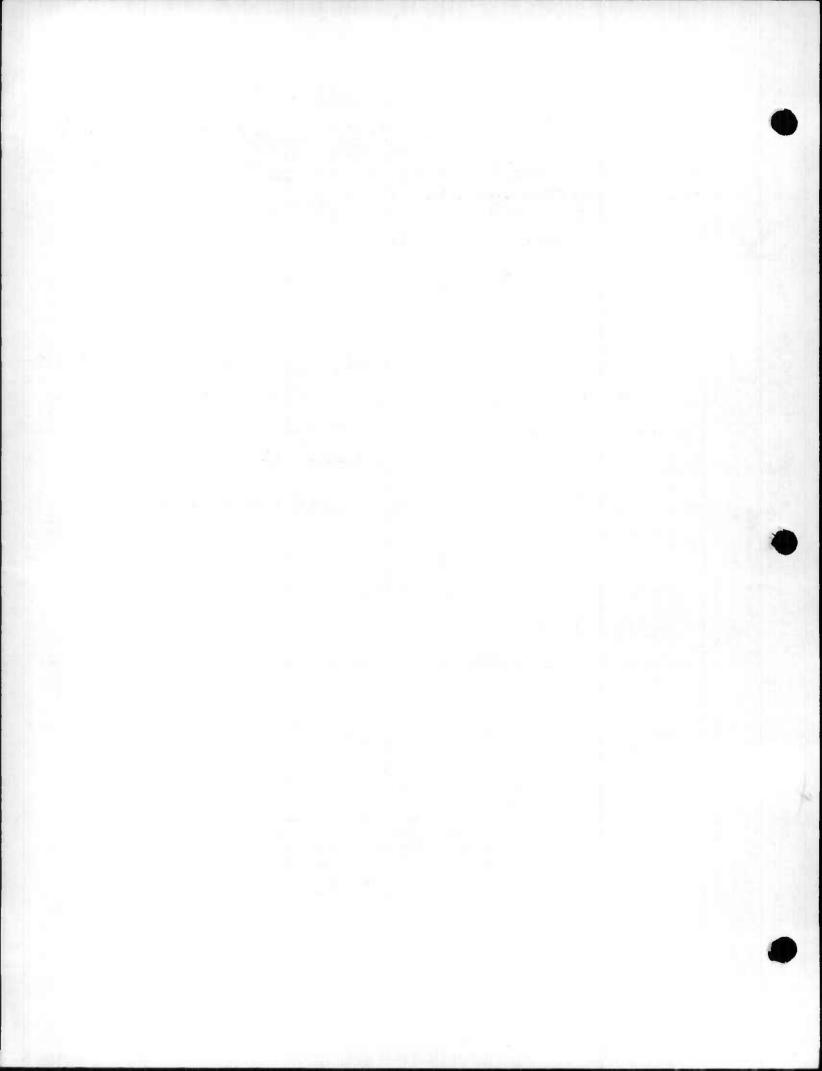
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA	CERTIF	RTMENT OF H		MENTAL HYGIEN		00577		
,	1. DECEDENT'S NAME (First, Middle, Last)	Lila R. Donov	ran Dor	JOVAN	V	2. DATE OF DEATH	AY 9	EAR 7 3. TIME OF DEATH		
		1 🗌 M 2 🖾 F	yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 11/28/18	8.	BIRTHPLACE (State or Foreign Country) est Virginia		
TOR		RAL HOSPI	TAL	FALLS7	/	ain		RFORD		
REC	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?		
BY FUNERAL DIRECTOR	Maryland Bal	Lto.		Fowson 101	. ZIP CODE	_	10g. CITIZEI	1 ☐ YES 2/ NO N OF WHAT COUNTRY?		
	106 Kenilworth I 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	Park Dr. 12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DAT	2 🖾 NO	If yes, sp		IIC ORIGIN? (Specify Yo n, Puerto Ricen, etc.)		.S.A. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT (S USUAL OCCUPATION work done during moise retired.)	ON at of working	16b. KIND OF BU				
OME	17. FATHER'S NAME (First, Middle, Last)		Probi	Reader	18. MOTHER'S NA	ME (First, Middle, Maide		Indie Newspap		
BE C	Albert D. Le	mlev	_		Adeli					
2	Virginia I. Kerbe	19b. MAILIN	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Same as 10e							
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State			ervice Co	metery, crematory or	T T		y or Town, Blate		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 2 Ruck Towson Funeral Home, Inc.							Rd. 21204		
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events of the conditions).									
ERI	resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given						N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		<u></u>		
IXSI	1 TYES 2 TNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	28b, Ti	4 - Nursing Hon	ne 5 🗆 Residence	6 Other (Specify) 284. DESCRIBE HOW	INJURY OCCU	RED		
BY P	1 Netural 5 Pending	(Month, Day, Year)	1	VJURY WO	YES 2 NO					
	3 Suicide 8 Could not be determined	3 Suicide 8 Could not be 26e. PLACE OF INJURY — building, etc. (Specify)			00	281. LOCATION (Stree City or Town, Stat	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
COMPLETED	one)	CIAN: To the bast of my knowled: On the basis of examination						l. cause(s) and manner as stated.		

BE 9 296. SIGNATURE AND TITLE OF CERTIFIER

JEWERAL HUSPITAL, FALLSTON 60

32. REDISTRAR'S SIGNATURE 3 1992

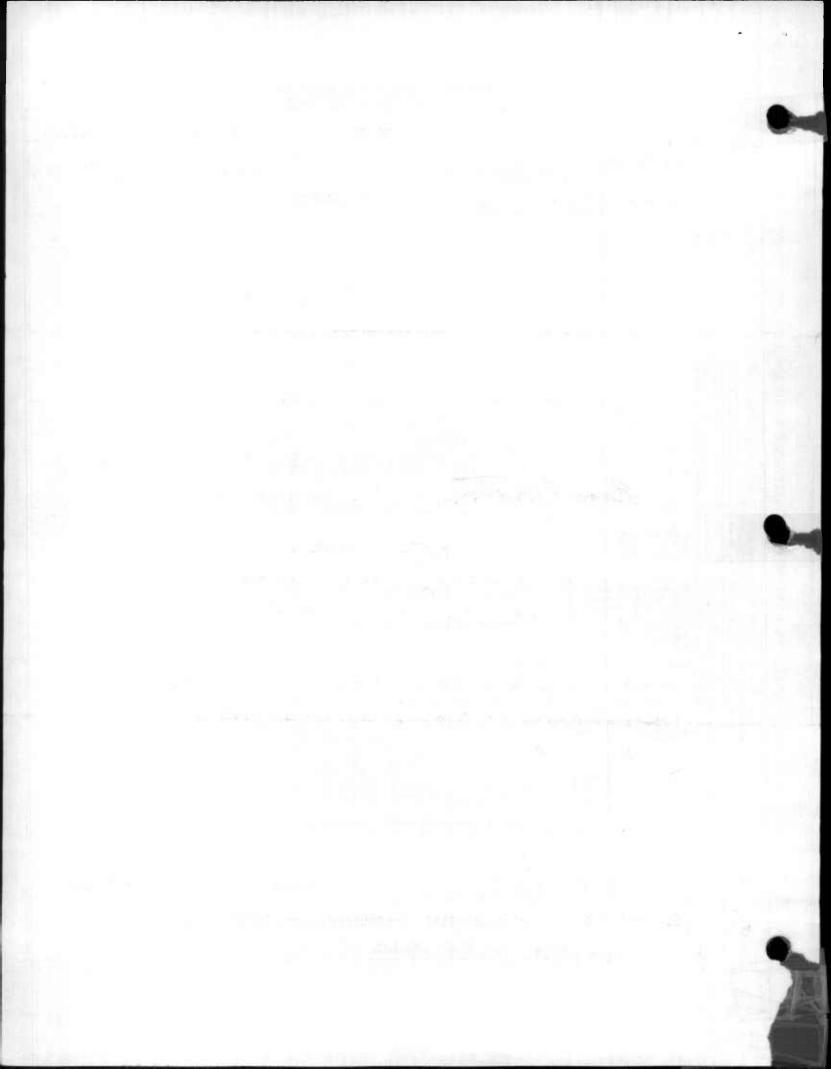


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

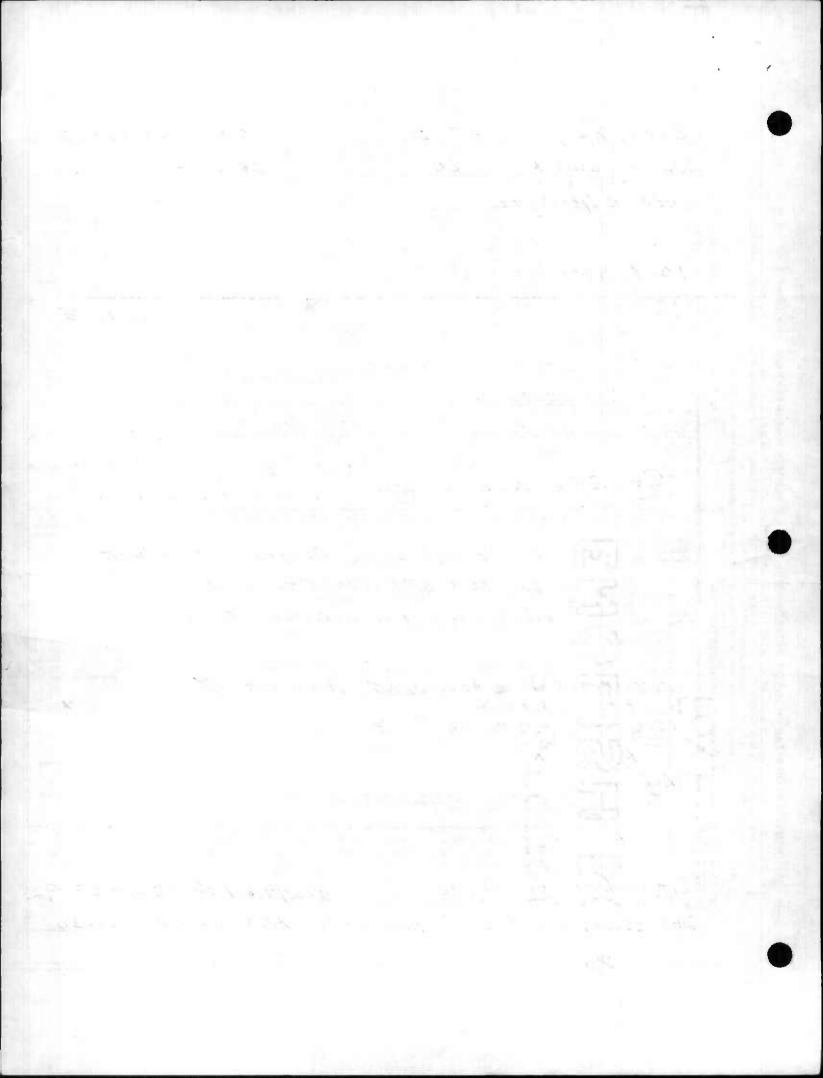
	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			1943		2. DATE OF DEATH		3. TIME OF DEATH	
	LORRAINE	G.	F	VANS		01 07	y YEAR 92	10:10 P M	
			AGE (In yrs, last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
- 3				MONTHS DAY		(Month, Day, Year)	Coun	try)	
	232 02 0033	□ M 2 KgF	5.2 YRS.			Sept. 2.	1939 K	evser. WV	
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY OF	DEATH	
E	Memorial Hospital			Cumbe	rland		Allegar	7.57	
5	RESIDENCE OF DECEDENT			Odmbe	Liand		ALLEGAL	19	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	ATION		-	10d, INSIDE CITY	
E	II Vo	(2 1		77				LIMITS?	
-	W. Va. M	lineral		Keys				1 TYES 2 NO	
₹					10f. ZIP CODE		10g. CITIZEN QF	WHAT COUNTRY?	
H	Rt. 1, Box 58-	·A			26726		บร	A	
5		2. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS (ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No 14. RAC	E — American Indian,	
	1 Never Married 2 X Married	FORCES? 1 T		If yea,	specify Cuban, Maxica	n, Puarto Rican, atc.)	Blac		
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAR	OH OATES	י טי	ES 2 X NO Specifi	<i>/</i> :	Spec	White	
	15. DECEDENT'S EOUCAT	201					1	WIIILLE	
COMPLETED	(Specify only highest grade co		16a. DECEOENT'S (Give kind of	work done during		18b. KINO OF BUS	SINESS/INDUSTRY	1	
Щ	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	ille. Do NQT u	se retired.)					
<u>P</u>	11		Housel	keeper-	Maid	Mote	-1		
0	17. FATHER'S NAME (First, Middle, Last)			,	7	ME (First, Middle, Malden			
		m							
BE	Edward	т.		Martin		ah B.	<u>Divelbli</u>	SS	
T0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
F	Robert D. Evans		Rt.	1. Box	58-A Ke	yser, W.Va	. 2672	6	
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISBOSITION	(Mama of	DATE 200 10	CATION - Clbs or T	own State	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramova	I from Stata	cemetery, crematory or c	ther place)	7 C 1	1/10/92 Ke	CATION — City of 1	OWII, Statul	
1	4 Donation 5 Other (Specify)		Potomac				yser, W.	Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	-	22. NAME	AND ADDRESS OF FA	CILITY	95 C Ma	in Street	
	► S	1-4	1						
	(Inan o)	onus						W.Va. 26726	
	23. PART i. Enter the diseases, or corshock, or heart failure. Lis immediate Cause (Final disease or condition resulting in death)	it only one cause	on each line.					Approximate interval Between Onset and Death	
CERTIFICATION	disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): C. USUACO QUILLE CONSEQUENCE OF): C. USUACO QUILLE CONSEQUENCE OF):								
0	PART ii. Other algnificant conditions	contributing to de	ath but not resulting	in the underly	ing cause given in	Part,i. 24s. WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS	
EDICAL	^							AMAILABLE PRIOR TO	
ĕ	quadripare	000	to mu	wipe	3000	25 1 TYES 2	240	COMPLETION OF CAUSE OF DEATH?	
	anoxic 9	ucepl	ralsos		,		()	1 YES 2 NO	
Σ	Charles Branco	to U	PRIO FO	10 0	141600.	T. oft	- 1		
Z	25. WAS CASE REFERRED TO MEDICAL	un is ·	1	l'orie	100000	weg .			
5	EXAMMENO	QSPITAL:			PLACE OF GEATH (Ch	eck only one)			
S			R/Outpatient 3 DOA	OTHER: 4 Nursing I	ome 5 Rasidence	8 Other (Specify)		1	
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED		
	3 Suicida 8 Could not be 4 Homicide datarmined	28s. PLACE OF I building, sto	NJURY — At home, farm, (Specify)	atreet, factory, o	ffica	28f. LOCATION (Street a City or Town, State)		Route Number,	
ш	an arminen	N. To the best of	- beneded at 1						
	29a. CERTIFIER DE CERTIFYING PHYCICI	are. TO the Deat of my						i	
APL.	(Check only			on. In my opinio	n, death occured at the	time, data and place, an	d due to the cause	(a) and manner as stated.	
OMPL	(Check only		nination and/or investigati	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause					
COMPLETED	(Check only one) 2 MEGICAL EXAMINER:		nination and/or investigati			MRED			
BE COMPL	(Check only		nination and/or investigati	10	29c. LICENSE NU			O (Month, Day, Year)	
BE	(Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of axan	in u	10					
	(Check only one) 2 MEGICAL EXAMINER:	On the basis of axan	in u	10	29c. LICENSE NU				
BE	(Check only One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO	On the basis of exam	OF DEATH (ITEM 27) (Type	A D	29c. LICENSE NU D 35481	l .			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgater	The state of the s	1
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1	TO TH	TO TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-				

REGISTRAR	C	ERTIFICA	LE O	F DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) RO	bert Biggs E	verhart.	, II	I	2. DATE OF DEATH MONTH D	YEAR 9-92	3. TIME OF DEATH
	6. AGE (in yrs. la	MONT	IDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 08-29-	5	RTHPLACE (State or Foreign untry) Md.
9a. FACILITY NAME (If not institution, give street a	nd number)	96. 0		n or Location of D timore Ci		9c. COUNTY O	F DEATH
RESIDENCE OF DECEMENT							
Md. Anne A	runde1	Glen					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 1018 Sh	oreland Drive	18		21060		10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 12. 1	WAS DECEDENT, EVER IN U.S. AI FORCES? 1XXYES 2 IF YES, GIVE WAR OR DATES WWIII	RMED NO	If yea,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	or No— 14. R	ACE — American Indian, lack, Whita, atc.
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON 16a. D	ECEDENT'S USUA Give kind of work do b. Do NOT use retire	L OCCUPI one during	ATION most of working	18b. KIND OF BU	SINESS/INDUSTR	Y
8th Grade	Hege (1-4 or 5 +)	arpente			Ruild:	ing Indu	istry
17. FATHER'S NAME (First, Middle, Last)		ur pericei		18. MOTHER'S N	AME (First, Middle, Maiden		usery
Robert Biggs Everh	art. Jr.				Louise We		
19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDR	RESS (Stre		Route Number, City or Tow)
Robert Biggs Everh	art, IV	1018 SI	nore	land Driv	e; GlenBuri	nie, Md	. 21060
29a, METHOD OF DISPOSITION A Burtel 2	Irom State 20b. PLAC	y, crematory or oth Haven	er place)	Pk. 1-13	- 92 G		nie, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENS		9	22. NAME	AND ADDRESS OF F	McCuli	ly Funer	ral Home
James F. Hack	man Jr.	-0	23	/ E. Pala	psco Ave.,	Barto.	, Md. 21225
Sequentially liat conditions, if any, leading to immediate	DUE TO (OR AS A CONSI	DEEP U	1811	V THEN	760315		
	DRIBR		-,	ying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	ionn ST	1103		, PLACE OF DEATH (C	hands and seed		
EXAMINER?	SPITAL:		HER:				
27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF		Home 5 Residence	8 U Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	D
1 Natural 5 Pending	(Month, Day, Year)	INJURY		WORK?			
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At P building, atc. (Specify)	nome, farm, street,			28f. LOCATION (Street City or Town, Stafe	and Number or Ru	iral Route Number,
and and	: To the best of my knowledge, on the basis of examination and/o						se(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	(max) mi			29c. LICENSE N	UMBER	29d, DATE SIG	NED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print))	V+>29	7/6/7-33	10/	-09-9
DAVID (2000) FALLENS	30015,	IHANO	VOX	ST. BI	ATTITION	5,00	21230
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	down- Pand	400				
3/3/ 4 4	- 1						DHMH-16 Rav



DHMH-16 Rev 1/89

medical examiner must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) EMIL						2. DATE JAN	UARY DA	10,19	3. TIME OF DEATH 12:30 A -M
	The second of th	s. sex 6. age (1) M 2 □ F 79	n yra. last birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE (Mon Jan	th, Day, Year)	1912	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give stree Chesapeake Manc		Cente			R LOCATION OF DE	ATH		9c. COUNTY	Arundel
DIRECT	10a. STATE 10b. COUNTY Maryland Anne	Arundel	10c. CI	TY, TOWN	on Locat	sadena				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10e. STREET AND NUMBER 8451 Church Roa				101.	ZIP CODE 2112	2			ted States
BY FUNERAL DIRECTOR		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2X NO TES	13.	If yes, spe	ENDENT OF HISPAN acity Cuban, Mexica 2 NO Specify	n, Puerto	N? (Specify Yea Rican, etc.)	or No— 14	RACE — American Indian, Black, While, stc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	College (1-4 or 5+)	16a. DECEDENT (Give kind a life. Do NOT Elect	work done use retired.)	during mo:	ON st of working	I	BEW OCal		TRY
	17. FATHER'S NAME (First, Middle, Lest) Mathias		Eichn	er		18. MOTHER'S NA LOUI		Middle, Maiden	Surname)	(unknown)
) BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRES	S (Street a	nd Number or Flural I	Poute Nun	nber, City or Town	n, State, Zip Co	ode)
일	Mrs. Pauline Eig		8451	Ch	urch	Road	Pas	sadena	, MD.	21122
	20a, METHOD OF DISPOSITION 1 Derivation 3 Remove	al from State	other place)			netery, crematory or		20c. LOCATION — City or Town, State		
	4 Donalion 5 Other (Specify) WESTERN CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						OH ITY	Bal	timor	e, Maryland
	* Valerie . Col	much						d. Hom	e of sader	Pasadena na,MD. 21122
	23. PART i. Enter the diseases, or constant in the second shock, or heart fellure. The immediate CAUSE (Final disease or condition reculting in death)	st only one cause on ea	ich line.							interval Between
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CONOMY INSUFFICIONAT DUE TO (OR AS A CONSEQUENCE OF): ACUTE CONOMY INSUFFICIONAT DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL			not resulting in the underlying cause given in			Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only	one)		
Sic		HOSPITAL:	etient 3 🗆 DOA	OTHE 4 DAG		e 5 🗆 Residence	e 🗆 Oth	ver (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF NJURY M		TURY AT HORK? YES 2 NO	28d. Di	ESCRIBE HOW I	NJURY OCCU	RED
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		, street, fa	ctory, offic	ce 281. LOCATION (Street City or Town, State				Rural Route Number,
COMPLET	(Crieck Orly	AN: To the best of my know On the basis of auamination	and the second second							cause(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI			29d. DATE S	SIGNED (Month, Day, Year)
D B	1 h les	7				D33	75	577	1	-10-92
-	MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Ty	pe, Print)	/	10 . 1	4	0	1-	10000000
CHARLES A SEACOND 269 PENINGEN FARM RO ARNOLD NO. 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SKRATURE							CA / 10 210/2			

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAG EMORY DUANE ESTILL 1:57 AH 09 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign 1 M 2 | F MONTHS DAVE 318-12-3563 10 INDIANA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR HARBOR HOSPITAL BALTIMORE N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEI 1 - YES 2 NO GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7503-D FURNACE BRANCH RD 21060 . A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No—
If yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 N Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced Specify WWII WHITE COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) MARYLAND HOUSE OF OF HOUSE OF CORRECTION CORRECTION 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ALONZO BE ESTILI ELLEN MAE BLACK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LURA MAE ESTILL 7503-D FURNACE BRANCH RD. GLEN BURNIE, MD 21060 20a. METHOD OF DISPOSITION
1 (X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE CEDAR HILL CEMETERY BROOKLYN, MD 21. SIGNATURE OF POWERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, 21061 22 PART I. Emer the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate c, or heert fallure. List only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition METASTATIC RENAL CELL CAREINOMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) pur monapy OBOE MA CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING GEPSUS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY H: WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 FT NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 1 | YES 2 | 10 itlent 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 4 Natural 5 Pending Investigation M BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — building, atc. (Specify) At home, term, street, factory, office S Could not be determined COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) HOUSE OFFICER - WARRON HOSPITAL COMME 09/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) comp MURRIT VILL AMO SA 3001 S. HAMBUER ST. BALTO, UND 21230 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1992 09

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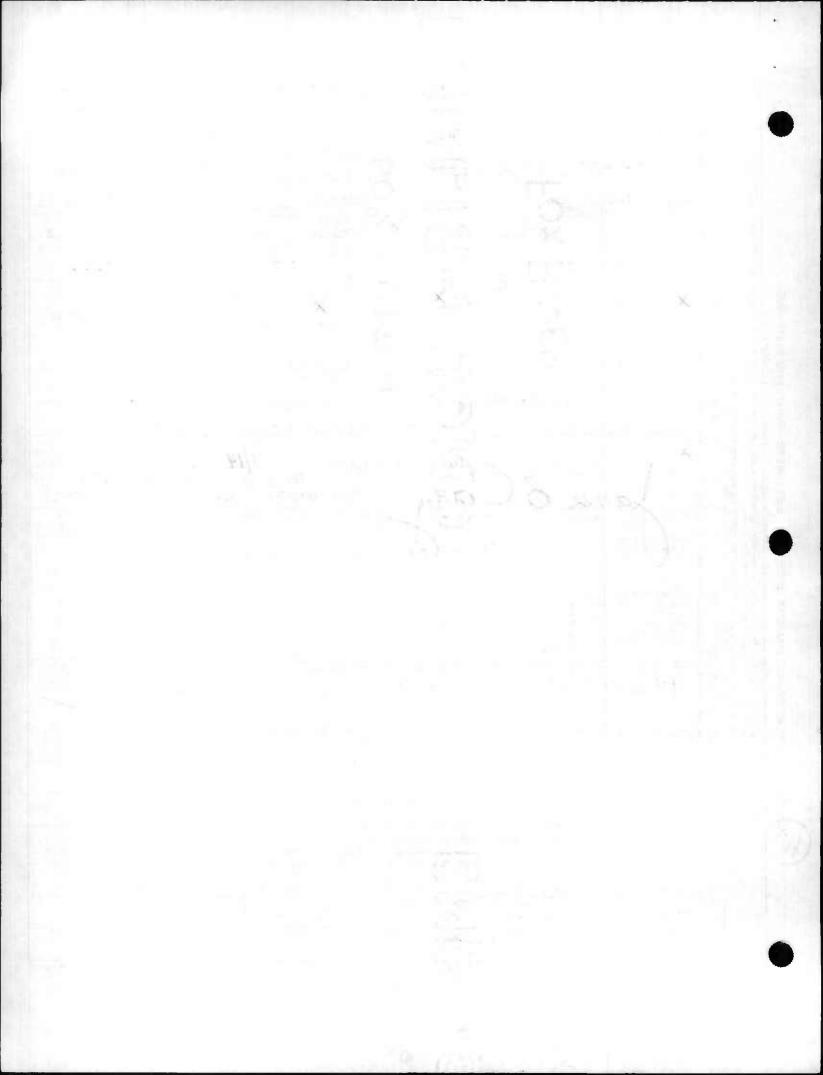
JAN 14 1992

4. SOCIAL SECURITY NUMBER 215—34—9342 1		1. OECEOENT'S NAME (First, Middle, La	Emma Delil	ah Flock			DEATH	2. DATE MONTH	OF OEATH	AY	YEAR	3. TIME OF DEATH 2:20 A
Se. FACILITY NAME (if not institution, give streat and number) Bell timore Bell t		MATERIAL PROPERTY.			MONTHS			7. DATE (Month	OF BIRTH n, Day, Year)	8		1)
10. STREET AND NUMBER 6811 Campfield Road 10. STREET AND NUMBER 6811 Campfield Road 10. STREET AND NUMBER 6811 Campfield Road 11. MARITAL STATUS 1 NAME NAME (Specify Warried) 1 No. STREET AND NUMBER 6811 Campfield Road 11. MARITAL STATUS 1 NAME (Specify Warried) 1 No. STREET SEDUCATION 1 Specify Outbern, Mexican, Puerto Rican, etc.) 1 No. Specify 1 N	OR	9a. FACILITY NAME (If not institution, go Augsburg Lutheran	Home	V				EATH	17 207	9c. COUNT		EATH
The street and number of the properties of the p	DIRECT	10a. STATE 10b. COL	INTY	ng:	10c. CITY, TOWN	Balti	nore					LIMITES
Specify Spec		100. STREET AND NUMBER 6811 Campfie	ld Road		17	10f				10g. CITIZE		HAT COUNTRY?
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. KIND OF BUSINESS/INOUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19. MOTHER'S NAME (First, Middle, Maiden Sur	BY YUN	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuban, Mexica	m, Puerto I		s or No— 1	Black	y:
John F. Flock 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. METHOD OF DISPOSITION 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. METHOD OF DISPOSITION 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. METHOD OF DISPOSITION 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. METHOD OF DISPOSITION 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 19c. Location – City or Town, State, Zip Code) 20c. Location – City or Town, State, Zip Code) 21c. Location – City or Town, State, Zip Code) 22c. Location – City or Town, State, Zip Code) 22d. Location – City or Town, State, Zip Code) 22d. Location – City or Town, State, Zip Code) 22d. Location – City	ETED	(Specify only highest g Elementary/Secondary (0-12)	rade completed)	(Give	kind of work done o NOT use retired.)	during mo	st of working				STRY	
198. INFORMANT'S NAME (Type/Print) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 199. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 200. LOCATION — City or Town, State, Zip Code) 100. LOCATION — City or Town, State, Zip Code) 21. SIGNATURE OF FUNCTION — City or Town, State, Zip Code) 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23. PART Enter the diseases, or complications tha	-			1		Domes:			_	Surname)	M	Vogt
		21, SIGNATURE OF FUNERAL SERVICE	ELICENSEE	over	22.	NAME A			rs Fune	ral Dir		rs, Inc 21
		shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (C	OR AS A CONSEQUENCE OF AS	ENCE OF):	T H	Rombi	ch as cern	diac or resp	oiratory arre		Approximatinterval Bell Onset and
	MEDICAL	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant cond	a. DUE TO (C	OR AS A CONSEQUENCE OF AS	ENCE OF):	T H	ROMBC) SCd	24s. WAS AI PERFO 1 YES	N AUTOPSY		Approximatinterval Bet Onset and Ons
COMPLETION OF COOF DEATH? YES 2 MO	PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant cond 1 Other significant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 HO 27. MANNER OF OEATH 1 Natural 5 Pending	a. DUE TO (C b. DUE TO (C c. OUE TO (C d. HOSPITAL: 1 Inpatient 2 28a. DATE OF II (Month, De)	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU DRAS A CONSEOU	ENCE OF): ENCE OF): ENCE OF): DOA OT NO. 28b. TIME OF	r the mo	g couse given in	Part I.	24a. WAS AI PERFO 1 YES	N AUTOPSY RMED?	24b	Approxima Interval Be Onset and WERE AUTOPSY FIT AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?

CAUSE OF DEATH (ITEM 27) (Type, Pygl)

VI, 7220 PARIL

ALTO



BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physici	led in by the funeral director, page 5 should be detached for use as the burial-	i, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical evantues he notified at once.

31. DATE FRED 7Mg

1992

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

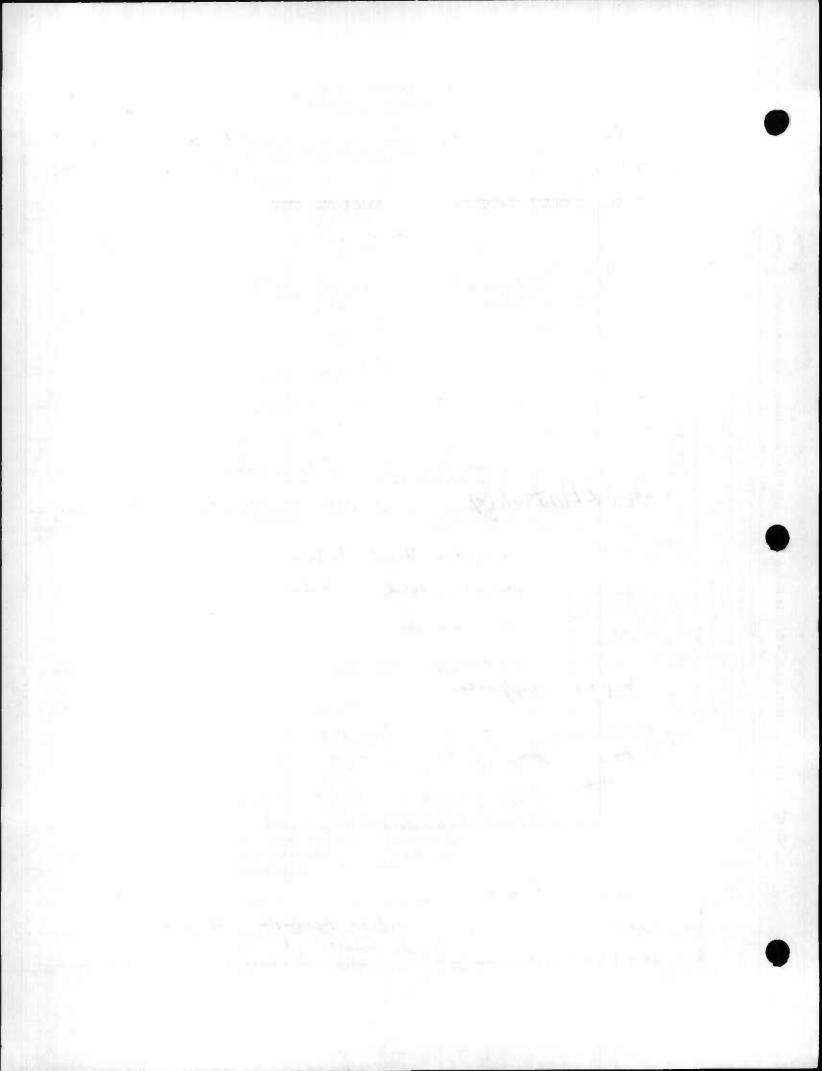
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR THELMA FREITAG 13, 1992 W. Jan. 230 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 214-26-6048 1 M 2 X F 75 YRS August 27,1916 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HNTON MEMORIAL HOSPITAL BALTIMORE CITY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City, 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2901 Markley Ave. 21214 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 X Divorced Specify: White ETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) COMPL 6 yrs Waitress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme, Louis ALbert Maria Kalbfleisch BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Thelma M. Canon Same as #10 20e. METHOD OF DISPOSITION
1 M Burtel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State 4 Donetion 5 Other (Specify) Moreland Mem. Park 1/15/92 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214 Hartsock, Jr. Leonard J. Ruck Inc. 5305 Harford Rd 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Concertion Lea Lear Chymic Romal CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 RQ PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 THO natient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29e. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 1/13/82 2 30. NAME AND ADDRESS OF PERSON HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mion

32, REGISTRAR'S SIGNATURE

Julia Davidson-1



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

12:30 PM M

GERMANY

10d. INSIDE CITY TX YES 2 NO

14. RACE — American Indian, Black, White, atc.

WHITE

MD 21215

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

BE COMPLETED

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER? DR. JOEL 1 YES 2 NO CHERRY

5 Pending

S Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

4 Homicide

FOR STATE REGISTRAR

1 -

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

1. DECEDENT'S NAME (First, BENNO (BEN)	Middle, Last) FRIE	DHETM						2. DATE O	D/	1992 '	3. TIME OF 0
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O			BIRTHPLACE (State
195-14-3316	5	1 X M 2 - F	83	YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	CH 20		Country)
9a. FACILITY NAME (If not ins	stitution, give s	street and number)			9b. CITY	, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
MILFORD MAN		RSING HO	ME		В	ALT1	MORE	92		BALT	TIMORE
RESIDENCE OF DEC	10b. COUNT	Y		10c, CI1	Y, TOWN C	OR LOCA	TION	-			10d. INSIDE
MD					ALTI						LIMITS?
10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTE
4 RUSSERN C	CT.,AP	T. 1B					21215			USA	4
11. MARITAL STATUS 1 Never Married 2 3 Nover Married 4 Divor		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AF	MED		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 3 2 X NO Speci	an, Puerto Ri		or No— 14	Black, White, atc. Specify:
(Specify only	EDENT'S EDU highest grade	completed)	(G	live kind of	work done		ON ost of working	18b.	KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0	-12)	College (1-4 or 5	+)		NITA	TION	J		CITY	GOVERN	IMENT
17. FATHER'S NAME (First, Ma	iddle, Last)	I Cherry					18. MOTHER'S N	AME (First, M	iddle, Meiden	Surname)	
LEO FRIEDHI	EIM						RACHEL	EISEN	STARK		
19a. INFORMANT'S NAME (7)	iype/Print)		19	b. MAILIN	3 ADDRES	S (Street	and Number or Rural	Route Number	er, City or Tow	n, State, Zip Co	ode)
MRS JUSTINE	E M. A	SHER	1	.07 E	RUNK	ROF	D REISTE	ERSTOW	N, MD	21136	ō
20e. METHOD OF DISPOSITI 1	n 3 🗆 Rem	noval from State	20b. PLACE of cemetary CHEV	cremator	v or other r	placel		DATE L-12-9			STOWN, M
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE LU	inso		22.	SOI	LEVINSO	ON & E	BROS.,	INC.	ORE, MD 2
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sart fsllure.	List only one cs	uss on sech line	0.			ods of dying, su OIS		sc or resp	ratory arrea	Appro Interv Onset
		DUE TO	OR AS A CONSE	QUENCE (OF):						
Sequentially list conditi if any, leeding to imme- cause. Enter UNDERLYI CAUSE (Disease or inju	dlets ING	c	O (OR AS A CONSE								
that initiated events resulting in dasth) LAS	T	d	(SII NO A CONSE		- 1						
PART II. Other algnifice	ent condition enfici	pression	desth but not evelized	reculting	In the u	nderlyli Ky	ng cause given i	n Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2
					7						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF DEATH (Check only one)

8 - Residence 8 - Other (Specify)

26d, DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER DO1-12-92 2367 mn

OTHER:

28b. TIME OF INJURY

COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF

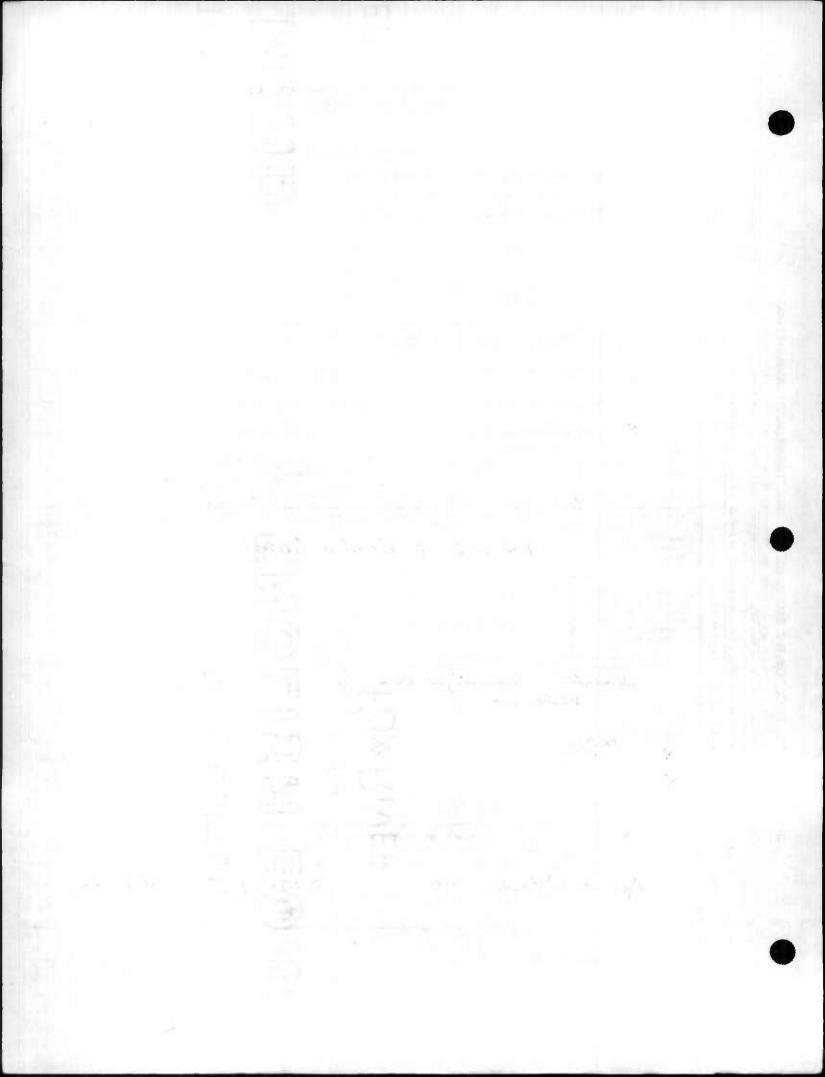
HOSPITAL:

1 Inpatient 2 ER/Outpatient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Savidson Andere

will



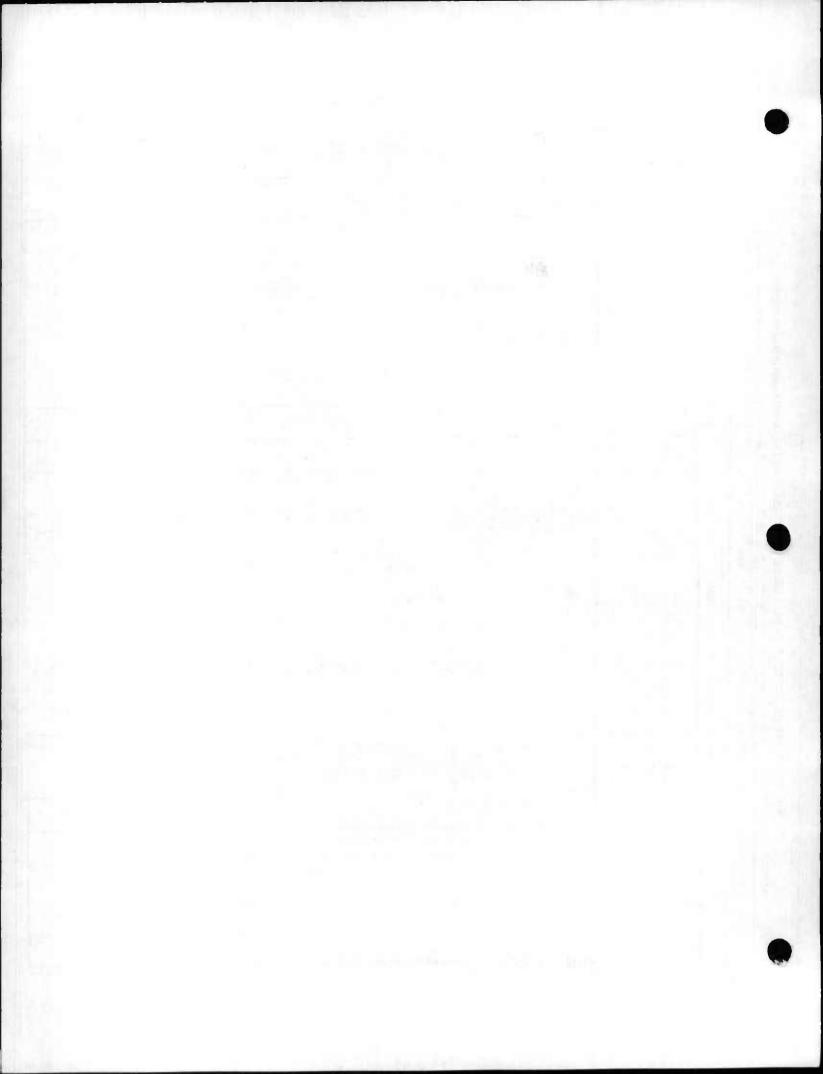
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN KATHERINE FRIEDMANN YEAR SIEDMANN :40 10 97 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) VIRGINIA 7. DATE OF BIRTH (Morth, Day, 218 - 32-6755 1 M 2 F 86 HOURS YRS 20 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOSPITAL SINAI OF BALTIHORE BAUTIMORE RESIDENCE OF DECEDENT 10e. STATE mit. Pages 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? BALTIMORE MD 1XXYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 19g. CITIZEN OF WHAT COUNTRY? 2500 W. BELVEDE CAVE, APT. 1106 21215 USA burial-trans attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Guben, Mexican, Puerto Ric 1 TES 2 NO Specify: ВУ 3 Widowed 4 Divorced Specify use as the WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp-Page 6 may be retained by the hospital or page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)

JULIA ZALKOVITZ ABEL JACOB SAVAGE to BE notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 2 NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9032 ALLENSWOOD RD. RANDALLSTOWN, MD 21133 SAMUEL S. FRIEDMANN BALTIMORE, 9 20e. METHOD OF DISPOSITION

1 X Puriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State BAI, TIMORE, MD must director, °BALTIMORE HEBREW 1-13-92 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME SUL LEVINSON & BROS., INC. funeral 24 hours after death. 6010 REISTERSTOWN rd. BALTO., MD 21215 n and completely filled in by the to burial, cremation, or removal. 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. medicai Approximate Interval Betwe IMMEDIATE CAUSE (Fine) Oneet and Death the disease or condition MASCIVE CEPTEBROVAS WAR DMS event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? this certificate has been signed by with the State Dept. of Health and rked, or Item 23 shows any I PERFORMED? MELLITUS DIABETES 1 YES 2 THO HUPERTENSION 1 YES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) marked, 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M After death BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28 is ED a Could not be 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: within 72 hours after 4 Nomicide determined COMPLET item 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated. IMPORTANT: II 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner as stated. within THE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 를 볼 별 29d. DATE SIGNED (Month, Day, Year) RESIDENT PHYSICIAN 92 D 01 11 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HENIM CO MD SINAI HOSPITM OF BALTIMORE, W. BENUE DE ILE PAUR

Julia Tavida - Bandalle

DHMH-16 Rev 1/89

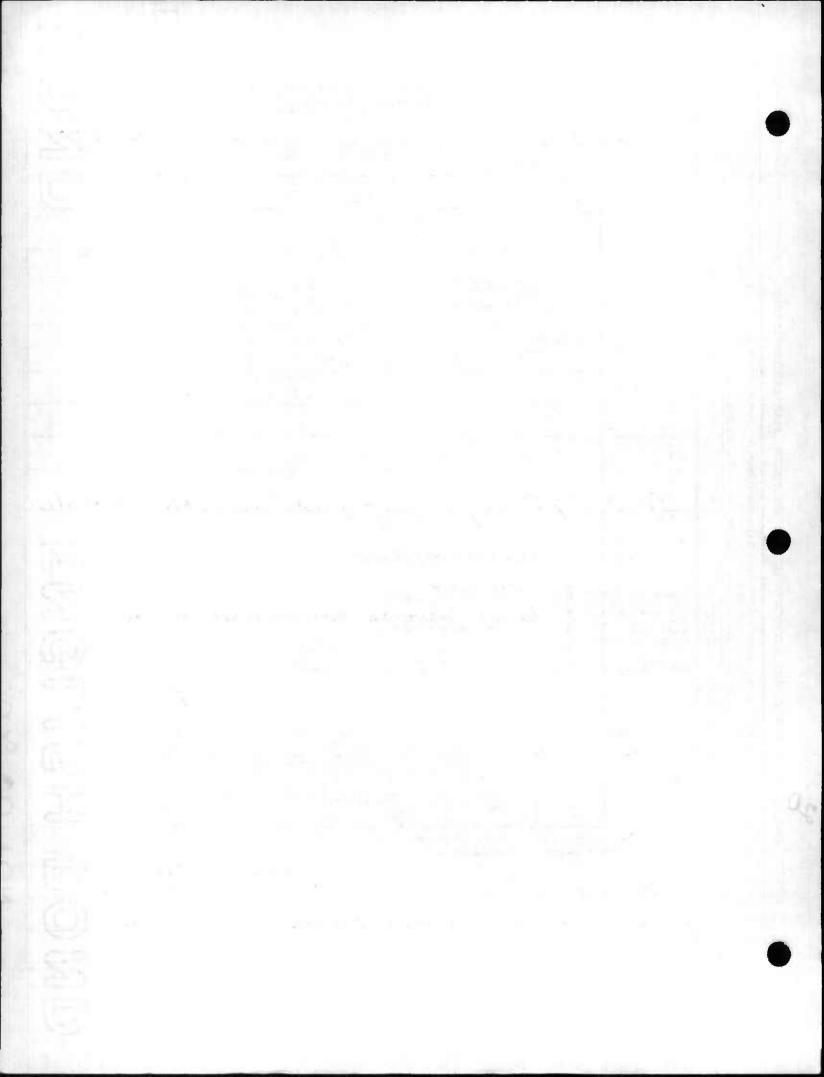


BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial garsit permit. Pages flon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-garsit permit. Pages is the within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to buriar, cemation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)				ICAIE U	F DEATH	2. DATE OF	OEATH			3. TIME OF DEATH
	Carl	C. Fulco	Sr.			MONTH	D/	//	92	12:10 P
4. SOCIAL SECURITY NUMBER 215-09-2260	5. SEX 1 X M 2 F	6. AGE (In yrs. 1	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Mormb, D) NOV 25	, 1912		6. BIRTH	IPLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, give st St. Joseph Hospital	treet and number)			96. CITY, TOW TOWSON	N OR LOCATION OF O	EATH			INTY OF D	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.	1		10c. CIT	y, TOWN OR LO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 5503 Hamlet Avenue					101. ZIP CODE 21214				IZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. A YES 2 AR OR DATES	ARMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	en, Puerto Rici		or No—	Black	— American Indian, k, White, etc.
15. DECEDENT'S EOU (Specify only highest grade Elementary Secondary (0-12)	CATION completed) College (1-4 or 5 +	-	(Give kind of life. Do NOT u	usual occupi work done during se retired.)	most of working	16b. Ki	IND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) JOSEPH FULCO					16. MOTHER'S N.		die, Maiden	Sumame)		
190. INFORMANT'S NAME (Type/Print) ROSE M. FUICO					enue Balti				ip Code)	
20a. METHOD OF DISPOSITION 1	ndibilent			e of DISPOSITI		DATE			le, M	
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	U			and J. Ruck					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. ABOMAN	OR AS A CONS	CWANA.	rasus Se	COMBARY TO	BLADI	DER C	ARCM	Jom S	
PART II. Other eignificant condition	ns contributing to	death but no	t resulting	in the underly	ring cause given in		4a. WAS AN PERFO	RMED?	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		_		26	PLACE OF DEATH (C	heck only one)		7		
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Iome 5 - Residence	-111	Specify)			211
27. MANNER OF DEATH Natural 5 Pending	26e. DATE OF (Month, D	INJURY	26b. TIR	AE OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCI		INJURY O	CCURED	_ = =
4	28e. PLACE O	FINJURY — At	home, farm,	etreet, factory, c			ION (Street Town, State		er or Rural	Route Number,
2 Accident investigation 3 Suicide 6 Could not be determined										
2 Accident 3 Suicide 6 Could not be determined	ICIAN: To the best of				late and place, and du					e) and manner as stated
2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	ICIAN: To the best of experience of experien	amination end/	or investigati	on, in my opinio		e time, date ar		nd due to	the cause() (Month, Day, Year)



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Mary

1 .

BOX 68760,
BOX
3, P.O
RECORDS,
REC
VITAL
OF
SION

DAYS HOURS 1 - M 2 X F 056-03-5862 87 Apr. 10 1904 by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 10323 Malcolm Circle Apt. Cockeysville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Cockeysville FUNERAL 10e. STREET AND NUMBER 10323 Malcolm Circle Apt. K 21030 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 XNO 1 Never Married 2 Marrie BY Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retail Sales Macy's Dept. Stores once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Arthur James Froud Mary Jane Allwood 10 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 10323 Malcolm Circle Apt. Emily V. Froud Cockeysville, MD K. 99 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 0 4
Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE must Metro Crematory 1/13/92 Catonsville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Lowell M. Lemmon Lemmon-Mitchell-Wiedefeld 2.02 10 W. Padonia Rd., Timonium. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, filled in by shock, or heert feilure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Fine)** within 24 been signed by the attending physician and completely file xt. of Health and Mental Hygiene prior to burial, cremation, the disease or condition reserm 67:00 resulting in death) event. DUE TO (OR AS A C executed other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL e Dept. of Health and m 23 shows any Ir that 1 YES 2 NO PHYSICIAN: NE! 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The this certificate h item HOSPITAL: OTHER: DR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28s. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 5 Pending Investiga 1 Natural M 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 93 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the basic of asymptotic and one to the cause(a) and manner as stated. HOSPITAL FUNERAL within 72 h PORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 192 29c. LICENSE NUMBER 표를 9600

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Bandall

lia Savidon

Richard Bombeck,

14 1992

31. DATE FILED (Month, Day, Year)

Emma

6. AGE (In yrs. last birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

Froud

1992

9c. COUNTY OF DEATH

USA

Baltimore

10g. CITIZEN OF WHAT COUNTRY

3. TIME OF DEATH

10:30 P.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

Md.

1 YES 2 NO

21030

Approximate

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

10 Warren Rd., Cockeysville, Md. 21030

interval Between

Onset and Death

B. BIRTHPLACE (State or Foreign Country)

England

REG. NO

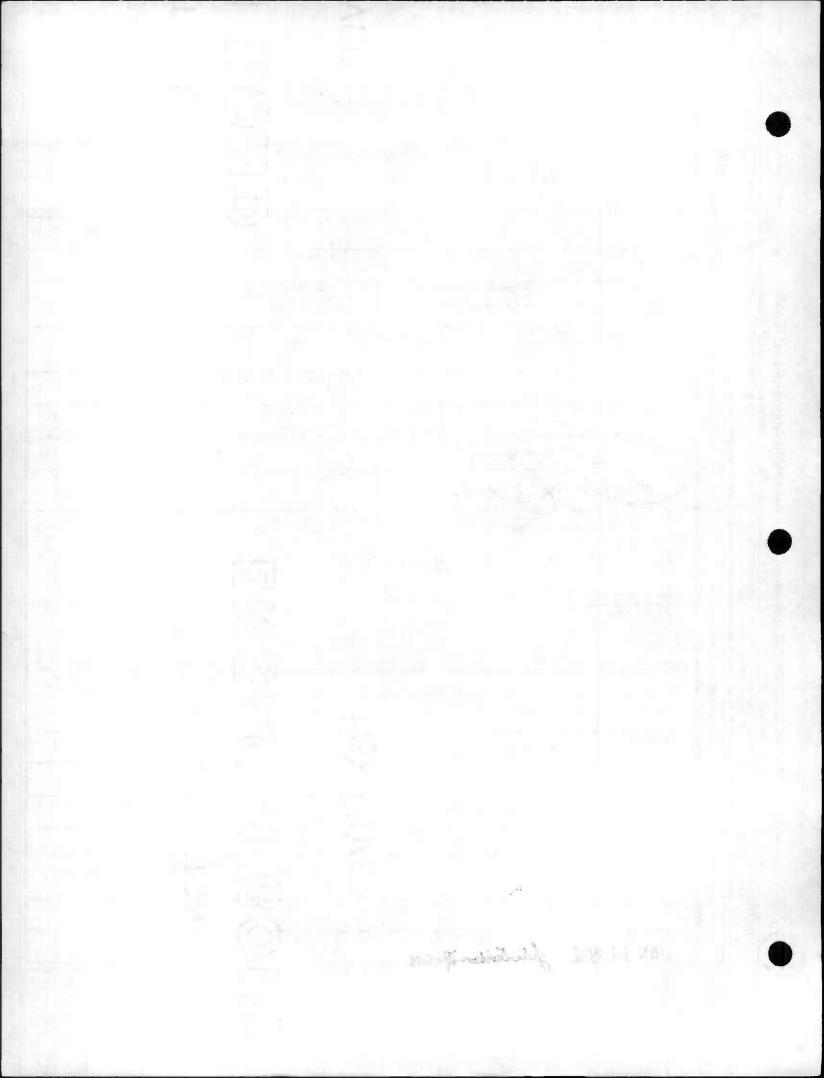
12

2. DATE OF DEATH DAY

Jan.

7. DATE OF BIRTH (Month, Day, Year)

223

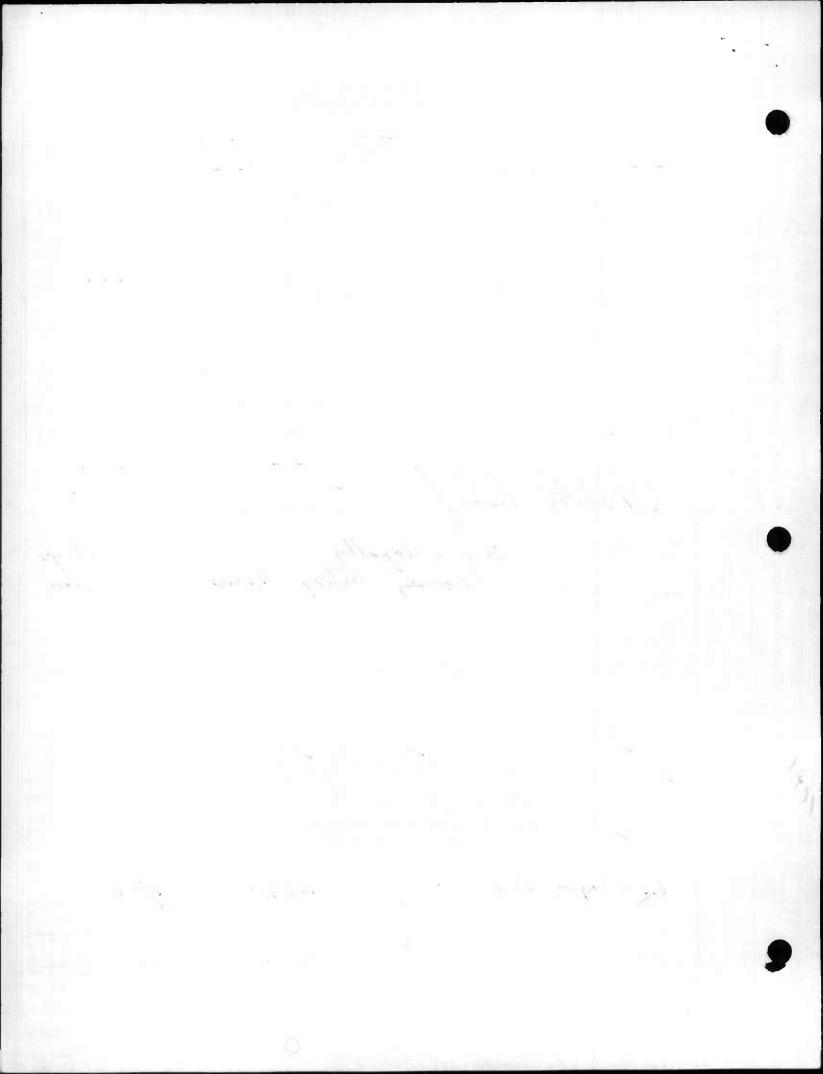


١.	1	Ta.	b
DIVISION OF VITAL RECORDS, P.O. BOX 68760; BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hourists or attraction and the many performance of the hourists or attraction and the many performance of the hourists of the hourists or attraction and the many performance of the hourists of th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns stand be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	•
ALTIMORE, MA	death. Page 6 may be retain	funeral director, page 5 sho	
68760, B	xecuted within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	MADONIANT Miles Of the market at the Of the market at the Company of the Company
RDS, P.O. BOX	at the death certificate be ex	by the attending physician and Mental Hydiene prior to	as informs on adhan decimal
DF VITAL RECO	YSICIAN: The law requires th	s certificate has been signed ith the State Dept. of Health	the state of the same of
DIVISION	PITAL OR ATTENDING PH	RAL DIRECTOR: After this 72 hours after death will	To 16 Home 20 In months
	TO THE HOS	TO THE FUNE be filed within	CLANTOONE

31. DATE FILED (Month, Day, Year)

3. BEGISTHAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARY	AND /	DEPAR	TMENT OF	F HEALTH	AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	CARROLL JOS						2. DATE OF DEATH	1 1992	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		_	st birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTH	. , , , _	6. BIRTNE	PLACE (State or Foreign
	218-28-6366		61	YRS.	MONTHS DAY	/8 HOURS	MIN.	(Month, Day, Year) 1-31-193	0	MARY	LAND
~	94. FACILITY NAME (If not institution, give s				9b. CITY, TOV	VN OR LOCATIO	ON OF DEA	TN	9c. COUN	TY OF DE	ATH
CTOR	FRANCIS SCOTT KEY	MEDICAL CE	VTER		BAL	TIMORE	CITY	/			
E C	10a. STATE 10b. COUNT	Υ		10c, CIT	r, TOWN OR LO	CATION					10d. INSIDE CITY
DIREC	MARYLAND E	BALTIMORE				DUNDA	LK				LIMITS?
FUNERAL	10e. STREET AND NUMBER					101, ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
Ä	1730 LANGPORT AVE		_				21222	2		U.S	S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 VYES IF YES, GIVE WAR OR C	IN U.S. AF	RMED NO	13. WAS	DECENDENT OF	F NISPANIC , Maxican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	REA		1 🗆	YES XX NO	Specify:			Specify	WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	ISINESS/INDI	JSTRY	WIIII
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	rork done during e retired.)	most of working	0				
COMPLETE	12TH GRADE	N/A		/ICE	PRESID	ENT		Tu	RKES		
_	17. FATNER'S NAME (First, Middle, Last)							E (First, Middle, Maider	Sumame)		-
BE	MICHAEL FRIESNER 190. INFORMANT'S NAME (Type/Print)		100	- MAILING	10000000 (0)		EDNA				
5	PHYLLIS A. FRIESA	IED	- 1			RT AVE		DAITTI			1110 0100
	20s. METNOD OF DISPOSITION	100			FDISPOSITION		NUE	BALTIM DATE 20c, LO	OCATION - C		
	1) Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)					RY 1-	13-92				MARYLAND
	21. SIGNATURE DRY UNERAL SERVICE LIC	Lish	/		22. NAME DUDA 792	-RUCK 1 2 WISE	S OF FACIL FUNER AVEN	RAL HOME (OF DUI	NDALK ND	
	23. PART I. Enter tha diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR AS)	CAL	Lio	ot enter the	mode of dyir	ng, such	as cerdiec or resp	iratory arre	est,	Approximete interval Betwee Onset and Deat
7		C	ion	al	" Or	lery	Di	1 Carl			Veau
BILLEICATION	Sequantisily list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS A									<i>y</i>
AL CE	PART II. Other significent condition	es contributing to deeth t	out not r	esuiting in	n the underly	/ing cause gl	Iven in Pe	ort i. 24a. WAS AN	AUTOPSY	24b. V	YERE AUTOPSY FINDING
MEDIC								PERFO		0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DE	ATH (Check	(only one)			
SICI	1 YES 2 NO	HOSPITAL: 1 Inpellant 2 ER/Out	petiant 3	DOA	OTHER:	/		Other (Specily)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME	OF 28c.	INJURY AT WORK?		8d. DESCRIBE HOW I	NJURY OCC	JRED	
BY	2 Accident Investigation					YES 2	NO				
TED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	cify)	me, farm, at	lreet, factory, o	ffice	2	8f. LOCATION (Street City or Town, State)	and Number o	or Aural Acc	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of my know	ledge, de	ath occurre	d at the time, d	late and place,	and due to	the cause(a) and ma	nner an state	d.	
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				,y opinior		SE NUMBE				Month, Day, Year)
0	RSM My No,	Meg	•				735			10/9	/
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATM (ITE	4 27) /Sma	0-1-41				/		



nours after death. Page 6 may be retained by the hospital or attending physician.

Pages 1, 2, 3 should

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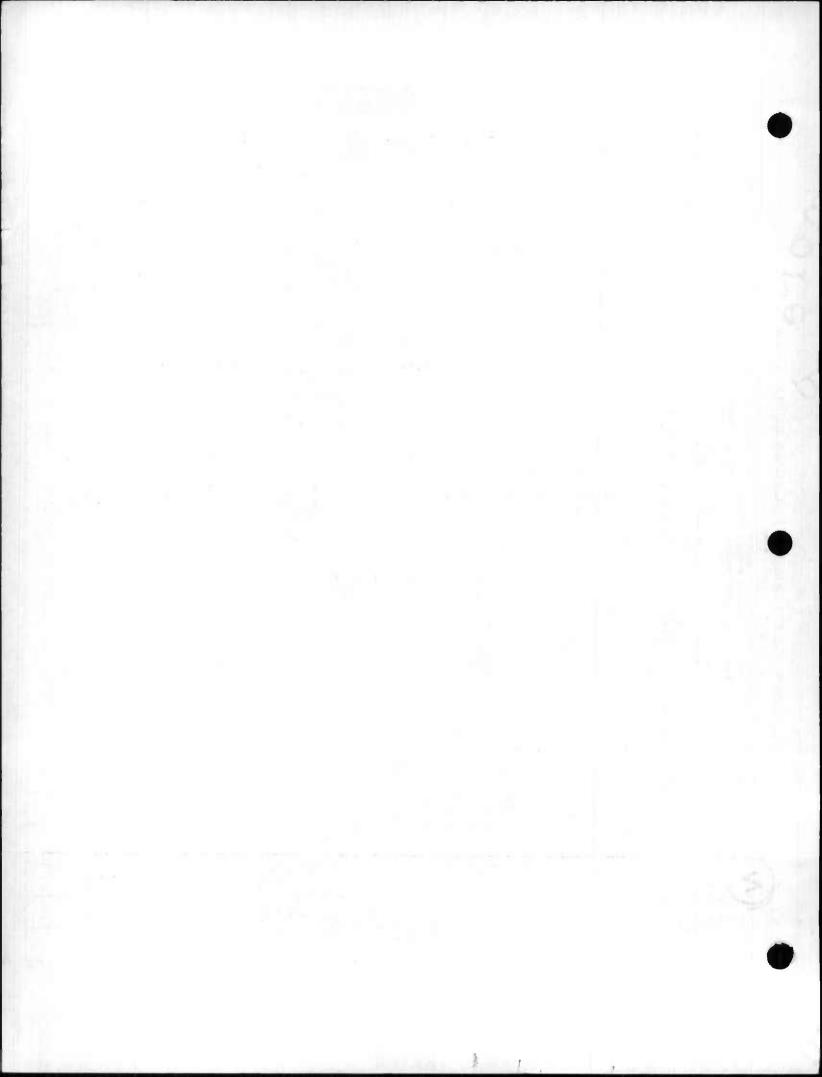
NOISIAION	OR ATTENDING	MECTOR: After	ours after death	tem 28 is ma
1	HE HOLDER	THEFUNBAL	find with 72 h	PRINCIPLE III
-	OL OL		3	Æ

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JANUARY 13,1992 COTO DON J. FRITCHIE 8. BIRTHPLACE (State or Foreign 6. SEX 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 269-24-2787 1 X XM 2 | F 61 YRS. JAN. 21,1930 OHIO 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR PRINCE GEORGES GREATER LAUREL BELTSVILLE HOSPITAL LAUREL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND COLUMBIA 1 YES XX NO HOWARD 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21046 8812 STONEBROOK LANE U.S.A. 14. RACE — American Indian, Black, Whita, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Merried 2XX Married 1 YES ZYNO Specify BY 3 Widowed 4 Divorced WHITE ED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) U.S. GOV'T.DEPT. DEFENSE 12 N.S.A. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ FREDERICK FRITCHIE NINA FILHART notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 19a. INFORMANT'S NAME (Type/Print) 2 8812 STONEBROOK LANE, COLUMBIA, MARYLAND 21046 NANCY FRITCHIE 90 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1XX Burial 2 Cremation 3 Ramoval from State must ARLINGTON NATIONAL CEMETERY 1/15/92 ARLINGTON, VIRGINIA Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES examiner usagera. 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory errest, Approximete shock, or heert fellure. List only one cause on Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in desth) event. and com traumatic CERTIFICATION Sequentially list conditions, attending physician are ental Hygiene prior to t if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 the atten Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS e Dept. of Health and M m 23 shows any Inji MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO t | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item th the State HOSPITAL: OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED this c rked. 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Osy, Year) 29c. LICENSE NUMBER BE D-33224 | ▶ R Trehan mo

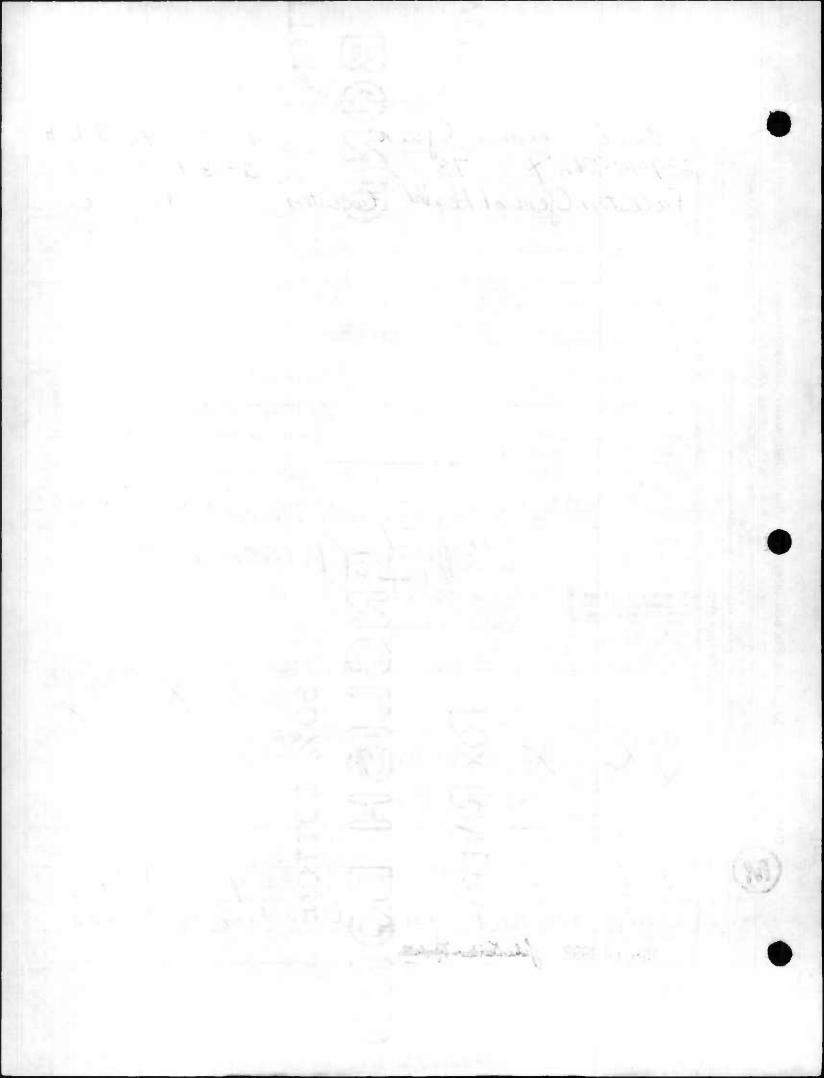
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print), SO4, ROCKWILLE MO 20852

32. REGISTRAR'S SIGNATURE NO ARE



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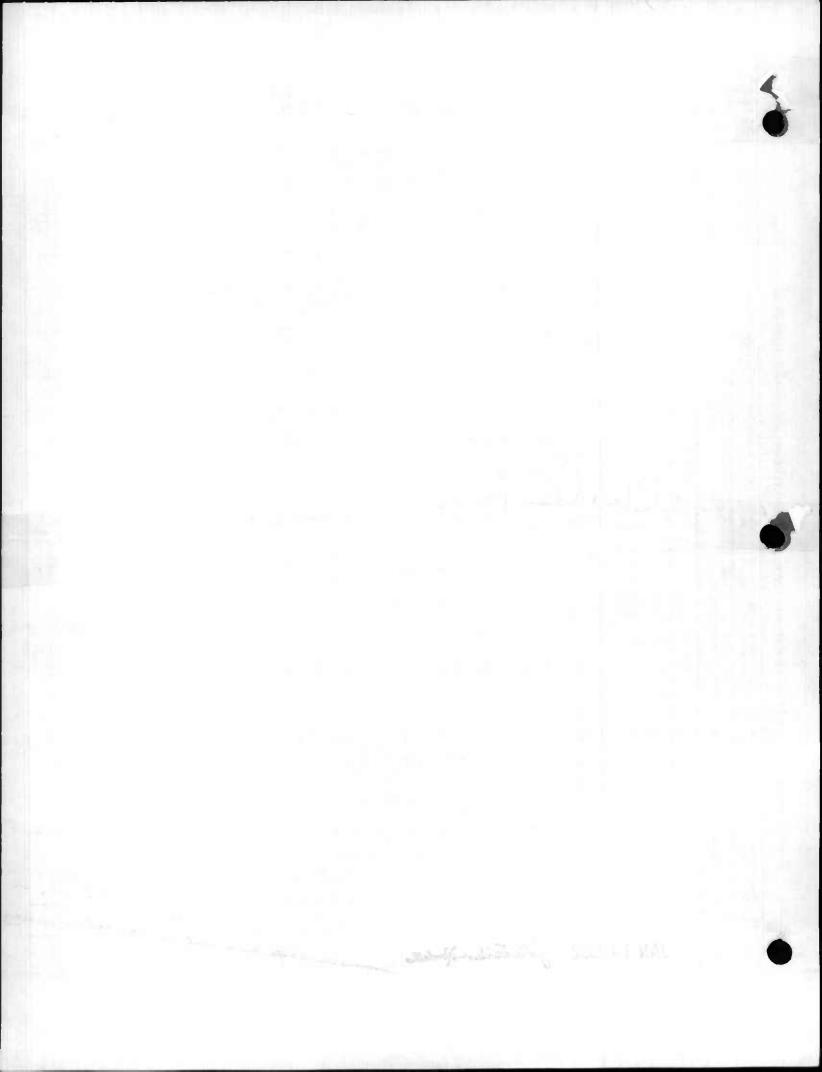
	1. OECEOENT'S NAME (FI	irst, Middle, Last)	James	Gnoo	n		2. DA'	TE OF OEATH	AY Q	3. TIME OF	15
	4. SOCIAL SECURITY NU	IMBER	A. SEX 6. M	GE (In you feet birthday)	IF UNDER 1 YEAR		(0.4-	TE OF BIRTH onth, Day, Year)	1	BIRTHPLACE (Stain	or Fo
	239-14	-1362	1 M 2 🗆 F	78 YRS.	MI,MINS DAYS		12	-28-	13 1	unston	N
œ	9a. FACILITY NAME (# no	L institution, give	street and number)	1 haile	9b. CITY, TOWN	N OR LOCATION O	F OEATH		9c, COUNT	Y OF OEATH	1
DIRECTOR	RESIDENCE OF D		semeral 1	Jegan	Tak	EDIFF			Ha	you	_
RE	10a. STATE	10b. COUNT		10c. Cl	TY, TOWN OR LOC	CATION				10d. INSIDE	E CITY S?
	MD . 10e. STREET AND NUMBER		ARFORD		FALLS	STON 101. ZIP COOE			I 10g CITIZE	1 TYES	41
ERA	The state of the s		EDGEWOOD MARYL	AND		21040				USA.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMEO		DECENOENT OF HIS			s or No- 14	4. RACE — America Black, White, etc.	n India
BY F	1 Never Married 2 3 Widowed 4 D		IF YES, GIVE WAR O			res 2 10 NO S		to ricen, etc.)		Specify:	
ED E	15. C	DECEDENT'S EO	UCATION	16a. OECEOENT'S	S USUAL OCCUPA	ATION	1	18b. KINO OF BU	ISINESS/INOUS	BLACK	
H	(Specify Elementary/Secondary	only highest grad y (0-12)	le completed) College (1-4 or 5+)	(Give kind of	f work done during use retired.)	most of working					
COMPL				UNE	MPLOYED			GOVER	NMENT	WORK	
4	17. FATHER'S NAME (First	WHITE						st, Middle, Maiden	Surname)		
BE	JOHN 19a. INFORMANT'S NAMI			19b. MAILIN	IG AOORESS (Street	et and Number or R	NNE G		vn. State. Zio C	Code)	
5	ANNE KELL					WN ROAD,					
	20e. METHOD OF OISPO		moval from State	20b. PLACE ANO OA			1			ty or Town, Stata	
	4 Donation 5 Ot	her (Specify)		MT. 210	N CEMET	ERY	1	OW	INGS M	ILLS, MD).
	21. SIGNATURE OF TUNE	RAL SERVICE L	ICENSEE	\cap		ANO ADDRESS O		ro Elivi	EDAT U	OME D A	
		r heart failure (Finei	complications that cau. List only one cause o		1913	W. BALTIM	ORE ST	. BALTO.	MD. 212	Inter	
	shock, or immediate cause. Enter UNDER CAUSE (Disease or condition resulting in deeth) Sequentially list con if eny, leeding to imicause. Enter UNDER CAUSE (Disease or it that initiated events	r heart fallure (Fine) ditions, mediete ILYING injury	e. DUE TO (OR /	on each line.	1913 inot, enter the r	W. BALTIM	ORE ST	BALTO.	MD. 212	223; P.O. I	POX roxima
DICAL CERTIFICATION	shock, or immediate cause. Enter UNDER CAUSE (Disease or it it it it it it it it it it it it it	r heart failure (Fine) ditions, mediete ILYING injury AST	e. DUE TO (OR /	AS A CONSEQUENCE	1913 inot, enter the r	W. BALTIM mode of dying,	ORE ST such as c	BALTO.	MD. 212 Diratory srress N AUTOPSY PRIMEO?	223; P.O. I Apprinter Onse 24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH?	POX roximarval Be et and
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if eny, leeding to immediate. Enter UNDER CAUSE (Disease or I that initiated events reculting in deeth) L PART II. Other significations of the condition	r heart failure (Fine) dittons, mediete LLYING injury AST Condition To MEDICAL	b. OUE TO (OR / c. OUE TO (OR / d. One contributing to deel	AS A CONSEQUENCE Of the but not resulting th	OF): OF): OF): OF): OF): OTHER: 4 Nursing N IME OF NJURY M 1 [W. BALTIM mode of dying, ying cause give s. PLACE OF OEATH Nome 5 Reside IMJURY AT WORK?	on in Part I. N (Check only once e 0	24a, WAS AI PERFO 1 YES	NAUTOPSY RMEO? INJURY OCCU	24b. WERE AUTO AMAILABLE COMPLETION OF DEATH?	BOX roximirval Bo et and OPSY FI PRIOR O 2 2
ETED BY PHYSICIAN: MEDICAL	shock, of IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if eny, leeding to improve the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in deeth) L PART II. Other signification of the cause of	r heart failure (Fine) ditions, mediete LLYING injury AST Co TO MEDICAL Pending trivestigation Could not b- determined	b. OUE TO (OR / c. OUE TO (OR / d. One contributing to deel lipstant 2 ER/ lipstant 2 ER/ 28e. PLACE OF INJ building, etc. (SICIAN: To the best of my key	AS A CONSEQUENCE of the but not resulting th	OF): OF): OF): OF): OF): OTHER: 4 Nursing N IME OF NJURY M 1 [o, street, factory, o	W. BALTIM mode of dying, ying cause give s. PLACE OF OEATI Nome 5 Reside INJURY AT WORK? YES 2 No	one ST such as c	BALTO . ardiac or reep 24a. WAS AI PERFO 1 YES Wher (Specify) OESCRIBE HOW COCATION (Street Cause(a) and ma	NAUTOPSY PRIMEO? INJURY OCCU	24b. WERE AUTO ONSA 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES	BOX roximarval Beet and OPSY FI PRIOR ON OF C? ?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if eny, leeding to improve the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in deeth) L PART II. Other signification of the cause of	r heart failure (Fine) ditions, mediete iLYING injury AST licant condition o TO MEOICAL Pending trivestigation Could not be detarmined ERTIFYING PHY MEOICAL EXAMI	b. OUE TO (OR / c. OUE TO (OR / d. OUE TO (OR / d. OUE TO (OR / 28a. OATE OF INJU (Month, Day, 16 28a. PLACE OF INJU (Month, Day, 16 28a. PLACE OF INJU (Month, Day, 16 28a. OATE AS A CONSEQUENCE of the but not resulting th	OF): OF): OF): OF): OF): OTHER: 4 Nursing N IME OF NJURY M 1 [o, street, factory, o	W. BALTIM mode of dying, mode of dying, ying cause give s. PLACE OF OEATI Nome 5 Reside INJURY AT WORK? YES 2 No office dete and place, end in, death occurred a	one ST such as c	BALTO . ardiac or reep 24a. WAS AI PERFO 1 YES Wher (Specify) OESCRIBE HOW COCATION (Street Cause(a) and ma	NAUTOPSY RIMEO? 2 NO INJURY OCCU t and Number of an only of the	24b. WERE AUTO ONSA 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES	POOR PRIOR P	



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	TATE		HE
	8	5	2
		The state of the s	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, L.		GRE	EEN		2 DATE OF DEATH	9 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 7-82-84 9a. FACILITY NAME (If not institution, s	68 1 1 M 2 A F	30 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 11-14-1961	l B	RTHPLACE (State or Foreign punitry) ALTIMORE
BALTIMORE COL RESIDENCE OF DECEDEN- 10a. STATE 10b. CO MD.	JNTY GENERAL			MORE, CO		9c. COUNTY C	PF DEATH
MD . 10s. co	UNTY	10c. CITY, 1	FOWN OR LOCAT	ORE, CO			10d. INSIDE CITY LIMITS? 1 YES 2 NO
7202 OAK HAVI	EN CIRCLE		101	ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS 1 & Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	If yes, spi	21207 ENDENT OF HISPA ICITY Cuben, Maxic 2X NO Speci	NIC ORIGIN? (Specify Yee an, Puarto Rican, atc.)	S	ACE — American Indian, Heck, White, etc. pecify:
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION 1 rade completed) Callege (1-4 or 5+)	18a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mo etired.)	N st of working	16b. KIND OF BUS		BLACK Y
17. FATHER'S NAME (First, Microlin, Last)				18. MOTHER'S NA	AME (First, Middle, Melden S	Sumeme)	
	REEN			HEL	EN BECK		
19s. INFORMANT'S NAME (Type/Prox)		19b. MAILING AD	ORESS (Street a	nd Number or Rural	Route Number, City or Town	State, Zip Code)
HELEN GREEN		7202 0.	AKHAVEN	CIRCLE	, BALTIMORE		
20s. METHOD OF DISPOSITION 1 □Mounted 2 □ Cremation 3 □ 1	Removal from State 20b.P	LACE AND DATE OF I	DISPOSITION (Na	me of		ATION — City o	
4 Donation 5 Ja Other (Specify): 21. SIGNATURE OF FUNERAL SERVICE	M	T. ZION	CEMETER		1-16-92 BAL	TIMORE,	MARYLAND
· Chal	I Bon		JOSEPH	H. BROV	NN JR. FUNE	RAL HON	ME, P.A. ; P.O. BOX 443
23. PART I. Enter the disease, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. BLATERA DUE TO (OR AS A C	AL PN				atory arrest,	Approximate interval Betwee Onaet and Dea
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO						
PART II. Other significent condi	tione contributing to deeth but	not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN A PERFORM	IEO?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
						Ì	, , , , , , , , , , , , , , , , , ,
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	10	26, PL	ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1 - Inpatient 2 - ER/Outpatie			5 - Realdenca	6 - Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOR		28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not 4 Homicide determined		At home, ferm, street	it, factory, office		261. LOCATION (Street an City or Town, State)	d Number or Run	al Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHONE 2 MEDICAL EXAM	IYSICIAN: To the best of my knowledge.	ge, death occurred a	t the time, detain	and place, end due	to the cause(s) and mann	er se stated.	se(s) and manner as stated
296. SIGNATURE AND TITLE OF CERT	fier W)		29c. LICENSE NUI			ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF GEATH	PAN	DAU	STOWI	SOME	1133	
JAN 14 1992	32. REGISTRAR'S SIGNATU	IRE					



n by the funeral director, page 5 should be detache removal. selocal examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: It teem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
adical examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the med
removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or n
n by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
irs after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI ERTIF	RTMENT	OF I	HEALTH DEA	AND Th	MENTA	L HYGIEN	-	0	0592
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		1000	3. TIME OF DEATH
	Mauri	CP		Gra	976				MONT		AY	YEAR	200 1107
	4. SOCIAL SECURITY NUMBER 219-96-1397	5. SEX 1 M 2 F	6. AGE (In yrs. In		IF UNDER	t YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE	0 F BIRTH	5	1 4	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY.	TOWN (OR LOCAT	ON OF D		,			
DIRECTOR	Kimbrough Arm	y Hospi	tal				<u>t 1</u>						
₹EC	10e. STATE 10b. COUNT			10c. C[]	Y, TOWN O	R LOCAT	TION		10d, INSIDE CI				
	MD.			1	Balt:	TOWN OR LOCATION							LIMITS? YES 2 NO
FUNERAL	3838 Cottage Ave. 21215									U.S	A.		
D BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISP. If yes, specify Cuben, Mexit 1 YES 2 NO Specific No. Speci					ın, Mexici	an, Puarto	N? (Specify Yea Rican, atc.)	or No—	Black	E — American Indian, k, Whita, etc. ny: Black		
TEC	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ilve kind of	USUAL OC	CUPATIO	ON of oil working	200	166	. KIND OF BUS	SINESS/IND	USTRY	
COMPLETE	Elementary/Secondary (0-12) 11th	College (1-4 or 5 d		. Do NOT u	se retired.)	Drawy	g=	79					
00	17. FATHER'S NAME (First, Middle, Last)		1 -				18. WOT	HER'S NA	ME (First,	Middle, Maiden ia Ne	Sumame)		
BE (Frederick Gr	ace	W.				G1	cess	stin	ia Ne	ttre	S	
0	19a. INFORMANT'S NAME (Type/Print)	1	19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Floute Num	ber, City or Town Balto	n, State, Zip	Cgde)	21215
-	Gressfinia Ne	ttles		38.	38 C	ott	age	AVE	2.,	Ватто	• , 14	a .	21215
	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)							20c. LO	cation - c alto	Offy or To	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	,		22. N	IAME AN	D ADDRE	SS OF FA	CILITY		7 11		
	23. PART I. Enter the diseases, or on shock or heart failure.	mll			1	712	-14	W.	. No	Funer rth A	ve.		
CERTIFICATION	ahock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated eventa resulting in death) LAST	STABU DUE TO	10.41-01-10.42-1	DUENCE OF	F): F):	₹ ∑ °							Interval Between Onset and Death
	PART II. Other significant condition	s contributing to	death but not n	esulting i	in the und	lerlying	g cause ç	jiven in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA										XXVES 2	∐ NO		OF DEATH?
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	eck aniy on	e)			
SI	t X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	:							
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da	NJURY	26b. TIM		28c. INJU	JRY AT		_	CAIBE HOW IN	JURY OCC	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation	1-9-	92	9:2			ES 2 K	NO	Sub	iect	cut	and	dstabbed
	3 Suicide 6 Could not be	26a. PLACE OF building, a	INJURY - At hor	me, farm, a	treet, factor	ry, office			28f. LOC	ATION (Street all or Town, State)			
			Corre	ecti	ona1	Fa	acil	ity			louse	e o:	f Corr.
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) MEDICAL EXAMINER	CIAN: To the best of a	my knowledge, des	eth occurre	d at the tim	ne, date i	end placa, eath occur	end dua	time, date	se(s) end mani	ner as state	d. ceuse(a)	and manner as stated.
BE C	296. THATURE AND TITLE OF CERTIFIER		1			\neg	29c. LICE						(Month, Day, Year)
5 B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	My	1 AT /T-	51		0	.C.	M.E.		>		10-92
	HOMY DIVIDED D.	Wrow	E OF DEATH (ITEM			tre	eet.	Ва	ltin	nore.	Mary	vlai	nd 21201
	JAN 1 4 1992	gulia Da	vidoon-Rat		1						STATE OF		



9c. COUNTY OF DEATH Baltimore

10g. CITIZEN OF WHAT COUNTRY? United States

REG. NO.

3. TIME OF DEATH

BIRTNPLACE (State or Foreign Country)
 Maryland

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

White

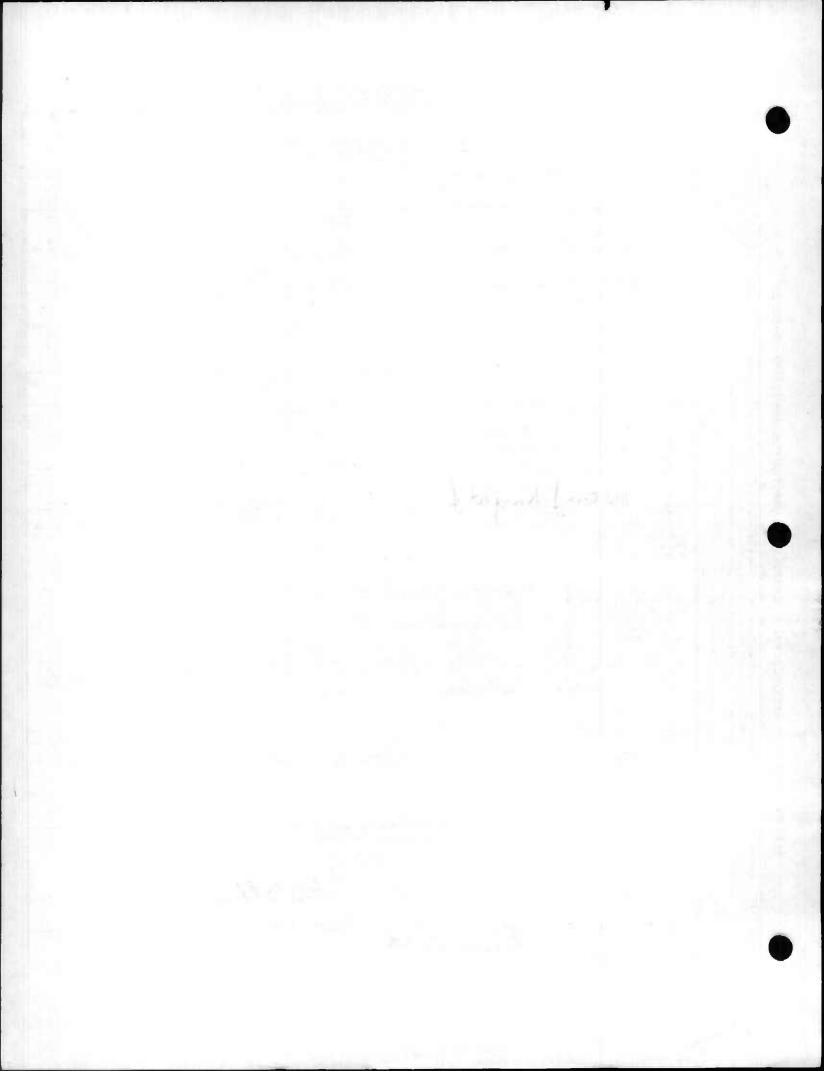
7:45 a m

		1. DECEDENT'S NAME (First, Middle, Last)	Anna	Ε.	G1	antz				2. DATE OF DEAT		992
	1	4. SOCIAL SECURITY NUMBER 216-03-6513-D	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year Mar. 21,		e. BIR
should		9a. FACILITY NAME (If not institution, give	street and number)	03		9b. CITY,	TOWN 0	R LOCATI	ON OF DE			UNTY OF
No.	OR	Manor Care T	owson				1	Towso	n			Bal
1 SE .	RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN O	R LOCAT	ION				
8	BIO	Maryland Ba	ltimore						timo	re		
14. P	IAL	10e. STREET AND NUMBER					101.	ZIP CODI			10g. Cl	TIZEN OF
arı. ransit	NERA	1312 Register Avenue 212									Ur	nite
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			11	yes, spe	ENDENT Cockers 2 X NO	OF HISPAN In, Maxicai Specify	IIC ORIGIN? (Specifi n, Puarto Rican, etc.	Yea or No—)	14. RA Bit Sp
1215 r attend use as	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE0	EDENT'S	USUAL OC	CUPATIO	N et of workin	w.	16b. KIND OF	BUSINESS/IN	DUSTRY
tal or	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT US	ewife		at or working	v			
AND the hospit detached	OMP	17. FATNER'S NAME (First, Middle, Lest)			1003	CMILC						
YLA by the		Jesse	Day					18. MOTE	Mary	ME (First, Middle, Ma / Kelly	den Surname)	
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	AODRESS	(Street at	nd Number	or Rural F	Poute Number, City or	Town, State, Z	ip Code)
#1 m	T	Anita G. Mi	tchell		1:	312 F	Regi∶	ster	Aver	nue Balti	more,	Md.
2 2		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	noval from State	20b. PLACE A cemetery, crem						OATE 200	LOCATION -	
Page 6		4 Donation 5 Other (Specify)	CENSEE	More More	-			1 1/ D ADDRES			Balti	more
ALTIMOR death. Page 6 m e funeral director, ii.		> multon	Milto	on, J Kni	ght ·	Jrj				Ва	ltimo	-
		23. PART I. Enter the diseases, or	- Musications	O. J.	th Do a	Le	eona	rd J	Ruc	k, Inc.	5305	Har
ely filled in nation, or the me		ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ceu	OR AS A CONSEC	UENCE OF	mbo	da					
P.O. BOX 68 the certificate be executeding physician and all Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	(OR AS A CONSEO	UENCE OF	ŋ: ŋ:				choras	ah '	D.G.
RECOR requires that een signed by of Health an	I: MEDICAL	PART II. Other significant condition L5 Labelle	s contributing to		sulting i	n the unc	derlying	ceuse g	jiven in I	PER	AN AUTOPSY FORMED?	24
AL he law be has the Dept m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	EATH (Che	ck only one)		
F VITA SICIAN: The certificate h to the State (rsic	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER Church		5 🗆 Ra	sidenca (6 Other (Specify)		
O 축 등 등 호	ву РНУ	27. MANNER OF DEATH 1 Statural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D.		26b. TIMI INJ	E OF :	28c. INJU WOF 1 Y	IRY AT RK? ES 2) NO	28d. DESCRIBE HO	W INJURY O	CURED
DIVISION OR ATTENDING F DIRECTOR: After t hours after death Item 28 is mar	ETED	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE O building,	F INJURY — At hon atc. (Specify)	ne, farm, s	treet, facto	ry, offica			28f. LOCATION (Str. City or Town, St	et and Number ate)	or Runa
1 4 2 E	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE										
TO THE HOSP! TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED NELLE R. 30. NAME AND ADDRESS OF PERSON WH	mely	<i>d</i> -	MD.				NSE NUM		29d. DAT	AW
		Dr. Walter R. V					Bal	timo	re,	Maryland		

32. REGISTRAR'S SIGNATURE

A 1992

, Middle, Maiden Surname) Celly nber, City or Town, State, Zip Code) Baltimore, Md. 20c. LOCATION — City or Town, State Baltimore, Maryland Baltimore, Md. Inc. 5305 Harford Road rdiac or respiratory erreat, Approximate interval Between Onset end Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TYES 2 NO 1 YES 2 NO er (Specify) SCRIBE HOW INJURY OCCURED CATION (Street and Number or Rural Route Number, or Town, State) use(a) and menner as stated. a and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year)



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

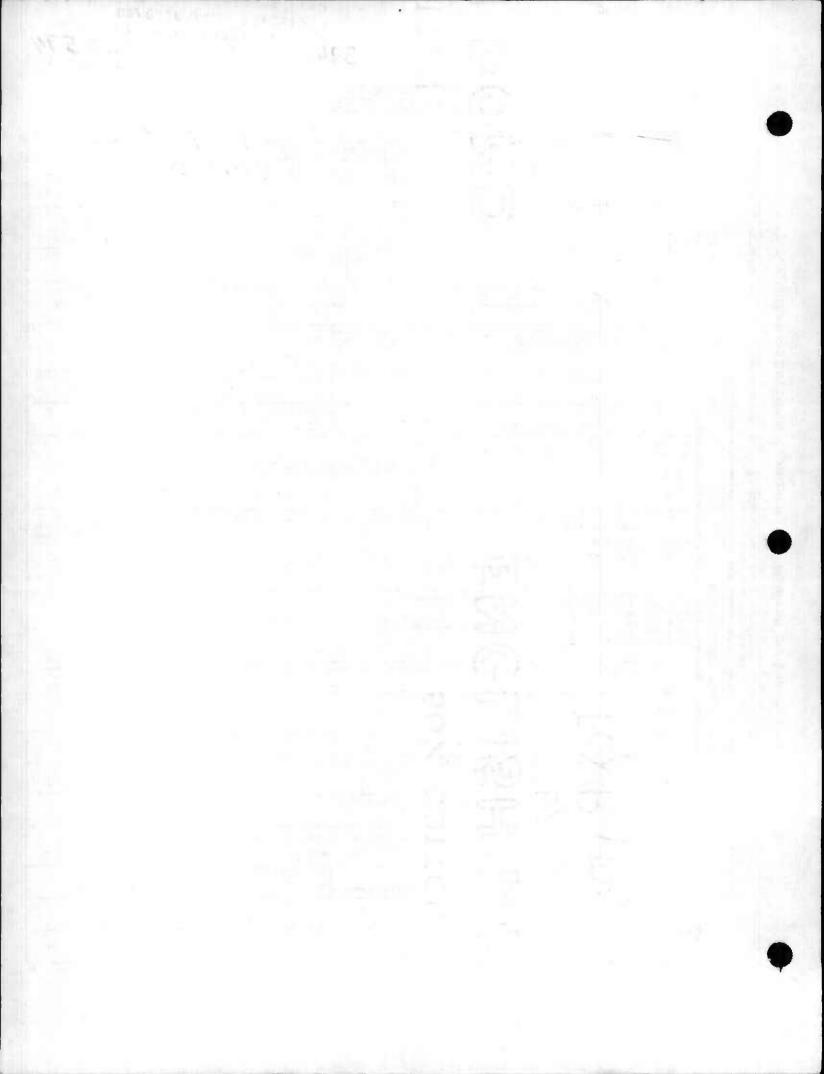
68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fight within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	500			1 (v 1 m)	1:-1:-	4-250	9200594
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		
		ERBERT SEX 6. AGE (In yrs.	GERSHMAI	(A) (A)	2. DATE OF DEATH MONTH D	7 - 9	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH BIRTHPLACE (State or Foreign
	152-22-6081	M 2 □ F 66	MONTA		(Month, Day, Year)	25	NEW JERSEY
OR	96. FACILITY NAME (If not institution, give street LEVINDALE	et and number)	9b. C	BALTIMOF		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ME	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	7901 MONTWOOD F	D. 2. WAS DECEDENT EVER IN U.S.			L207		USA
BY FU	11. MARITAL STATUS 1	FORCES? 1 V YES 2 IF YES, GIVE WAR OF CATES		13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxis 1 YES 2 NO Specify Cuban	can, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)			LOCCUPATION THE DESCRIPTION TH	16b. KIND OF BU		AINER
	17. FATHER'S NAME (First, Middle, Last) IRVING GE	ERSHMAN		18. MOTHER'S N	AME (First, Middle, Maider AUGUSTA	DINER	STEIN
TO BE	19a. INFORMANT'S NAME (Type/Print)	CUMAN		ESS (Street and Number or Rure NTWOOD RD., I			de)
	MRS. MILDRED GEF		CE ANO DATE OF D			OCATION City	or Town. State
	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from State of cemes	lary, crematory or oth	er place)			ILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN				FACILITY SOL LEV	INSON	& BROS., INC.
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each	line.		uch as cardiac or rea	plratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	ISEOUENCE OF):	1 salwa	32 F3216		
PHYSICIAN: MEDICAL CE		contributing to death but n			In Part I. 24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	oTi	26. PLACE OF OEATH (
BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28C. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street,	factory, office	28f. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,
COMPLETED	CONTROL ONLY	AN: To the best of my knowledge. On the besis of examination and					euse(s) and menner as stated.
BE	29b. SIGNATURE AND THE O CERTIFIER	Adluces	ATTENS	29c. LICENSE N	1UMBER 3 09 X1		IGNED (Month, Day, Year) - 8-92
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print)				

2434 W BEL 32. REGISTRAT'S SIGNATURE 92 Julia Savidson-Randelle

21215

Balow



YEAR

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

a M

REG. NO. 2. DATE OF DEATH

01

7. DATE OF BIRTH (Month, Day, Year,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Dorothy

5. SEX

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1 M 2 F 68 YRS. 07/30/1923 117-18-9361 New York burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Baltimore Medical Center DIRECTOR Towson Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7227 Harford Road 21234 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, atc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: for use as the 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached Domestic Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) notified at Harry Harmer Stearns Mae Orr Symes 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1912 Wilhelm Avenue, Baltimore, MD 21237 John J. Shepherd pe 20e. METHOD OF DISPOSITION
1 □ Burlet 2 *** Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must filled in by the funeral director, Metro Crematory, 1-11 Baltimore, MD Inc examiner 21. SIGNATURE OF SUNERAL SERVICESULE SAN 22. NAME AND AODRESS OF FACILITY Cremation Society of Maryland, George E. MacNabb 299 Frederick Road, Balto.,,MD 21228 medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failura. List only one cause on each line. 6 Intarval Batwean IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition Arrest ficate has been signed by the attending physician and completely State Dept, of Health and Mental Hygiene prior to burial, crematil andiac within rasuiting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): executed rtery CERTIFICATION Zureano Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any Stage direcus OM 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Itеm 26. PLACE OF DEATH (Check only one) After this certificate HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 10 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? with marked. 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY death 2 Accident 70 THE FUNERAL UN TO THE FUNERAL DIRECTOR: Aff be filed within 72 hours after de IMPORTANT: If Item 28 is 28e. PLACE OF INJURY -- At home, farm, street, lectory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) checho muld .10.92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONT) 24 1992 PARECUS HAR SIGNATION DO DE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

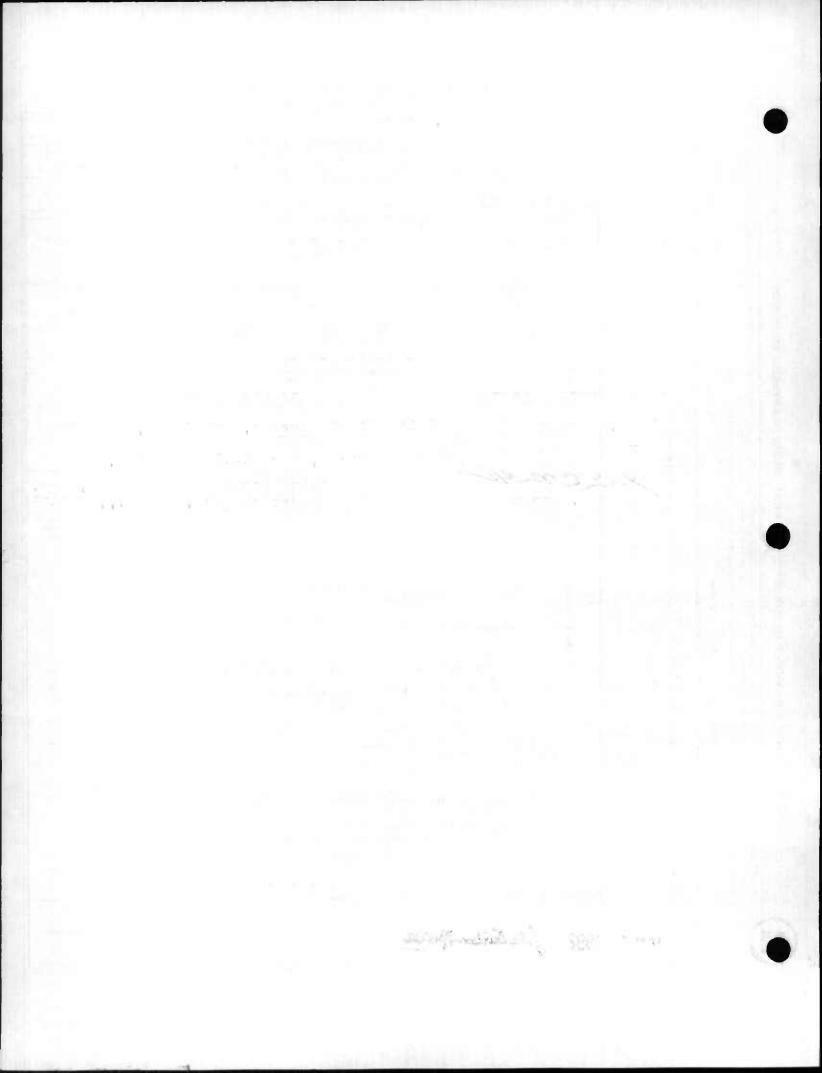
HOURS

DAYS

Dorothy M. Gomer

Gomer

6. AGE (In yrs, last birthday)



FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI Certif	RTMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	
DECEDENT'S NAME (First, Middle, Last)	HM	(MATTHEWS) H	HOLLAND		2. DATE OF DEATH DAY	r
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	

	1. DECEDENT'S NAME (First, Middle, Last) JOI	JOHN (MA) HOL	LAND		2. DATE OF MONTH	DEATH 94	9	AR 2	0430 M
	4. SOCIAL SECURITY NUMBER 219-18-4300	5. SEX 8. AG	E (In yrs. lest bi	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 3-16	ny Veneri	8.1		LACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give st JNION MEMORIAL HOS! RESIDENCE OF DECEDENT					RE, CIT			9c. COUNTY	OF DEA	тн
DIRECTOR	100. STATE 10b. COUNTY				IMORE	TION					IOd. INSIDE CITY LIMITS?
1813 MONTFORD AVENUE 21						101. ZIP CODE 21213 10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER FORCES? 1 X YE IF YES, GIVE WAR OR		D	13. WAS DEC If yes, spo 1 YES	ENDENT OF HISPA belfy Cuban, Maxica 2 X NO Specia	in, Puarlo Rica	pecify Yes on, etc.)	or No— 14.	Black, Specify:	- American Indian, White, etc. BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 10th		(Give life. Do	DENT'S USU kind of work NOT use ret NSULA	done during moderation	DN st of working	16b. KIN	ID OF BUSH	NESS/INDUST	RY	
BE CO	JOHN B. HOLLAND					18. MOTHER'S NA KATHER	NE MOR	RGAN			
2	CHARLES HOLLAND		19b. M	04 N.	LAKEW	OOD AVE.	Aoute Number, 6	MORE	State, Zip Cod , MD 2	121	3
	20e, METHOD OF DISPOSITION 1 A Burlel 2	val from Stata	emetery, cremat	lory or other p	EMETER	Υ	DATE		ATION — CITY I MORE,		
	21. SIGNATURE OF FUNERAL SERVICE CO				WM.C.	MARCH F.	H./110			AV	ENUE
	23. PART I. Emer the disease, or cahock, or heart feiture. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause on let only one cause on DUE TO (OR AS	eech lins.								Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR 4S									
SERTIFI	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NCE OF):							
MEDICAL	PART II. Other significent conditions Wefa stake	S Nam	-		e underlying	csuse given in		PERFORM	ED?	C	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetlent 3 🗆		HER:	ACE OF DEATH (Ch		ec/h/)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	20	86. TIME OF	28c. INJU WOI	JRY AT			JURY OCCURE	D	
8	3 Suicida 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJUF building, etc. (Sp	RY — At home, recify)	farm, street	, factory, office		26f. LOCATIO City or To	N (Street and wn, State)	d Number or R	ural Rou	te Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	fAN: To the best of my kno On the basis of examinati	wiedge, death ion and/or inve	occurred at	the time, data my opinion, da	and place, and due ath occured at the	to the cause(s) and mann	er as stated. dus to the car	180(8) 8	nd mannar as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	prom	M			29c. LICENSE NUI	ABER		29d. DATE SIG	MED (M	lonth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	BREW N				Ulm or 1.	al 40:	spita	1	01	
	JAN 14 1992	32. RESISTRAR'S SIG	Handage					1			

FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. after death. Page 6 may be retained by the hospital or attending physician. 3ALTIMORE, MARYLAND 21215-0020 IDSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

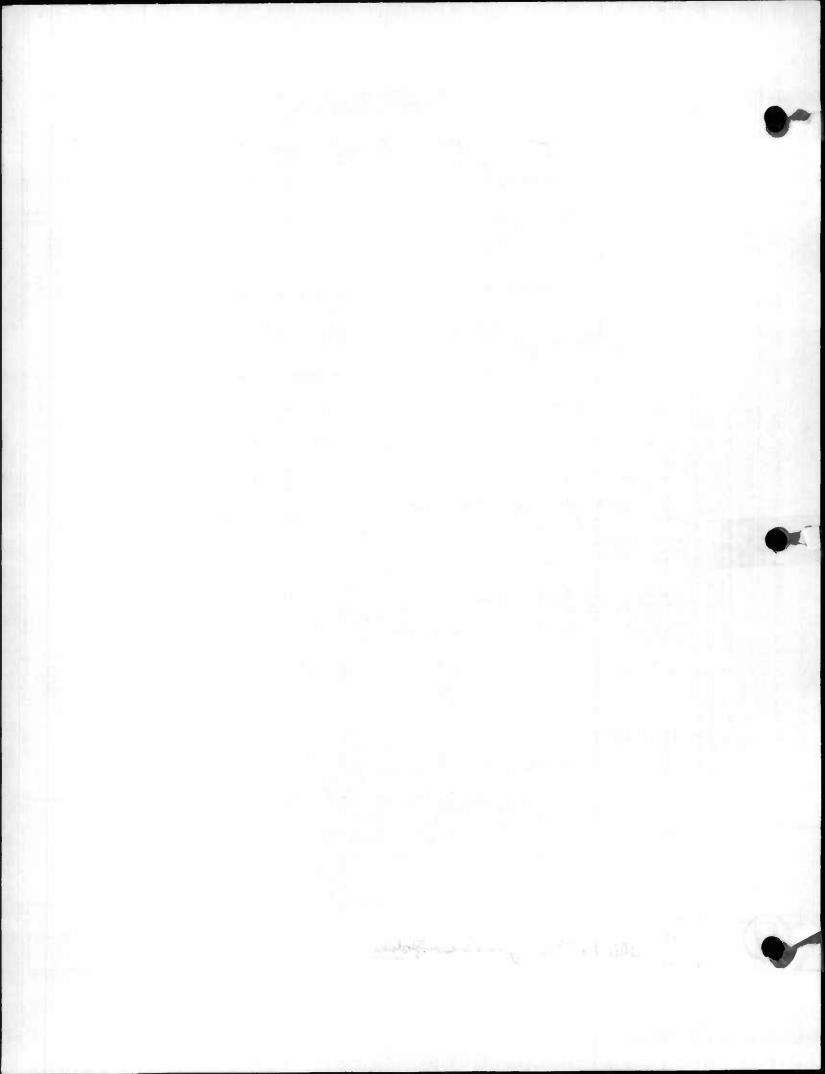
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DALLINOUL, MANILANI	or death. Page 6 may be retained by the host	he funeral director, page 5 should be detacheral.	i examiner must be notified at once.
CONTROL MANIE CONTROL MANIE CONTROL MANIE CANDI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at many after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

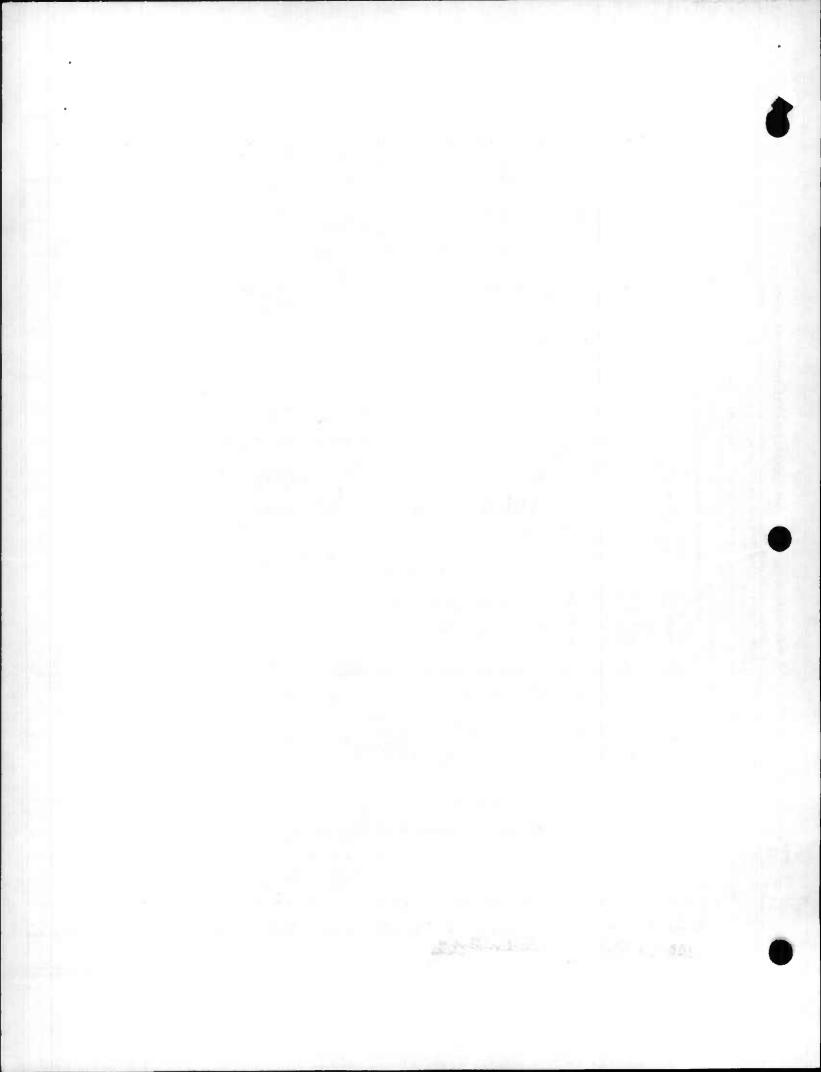
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / DI CER	PARTMENT TIFICATI	OF HE	ALTH AND	MENT	AL HYGIEN	E	ena,	00597		
	1. DECEDENT'S NAME (First, Middle, Las P. 1 DG E 7 7 4. SOCIAL SECURITY NUMBER	E	HARV	IN			2. DAT	E OF DEATH	w - 9	YEAR	3. TIME OF DEATH		
	220-64-2560 9. FACILITY NAME (# not institution, give	5. SEX 1 □ M 2 😿 F	6. AGE (In yrs. last bin	/RS. MONTHS	DAYS	IF UNDER 24 HRS	(Mor	E OF BIRTH oth, Day, Year)	52	Country	PLACE (State or Foreign) LTIMORE, MD		
TOR	LIBERTY MEDI		R		BALT	MORE 9c. COUNTY OF DEATH							
DIRECTOR	MD.	VTY	10	e. CITY, TOWN O	TOWN OR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS? 1 V YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4538 MANOR VIEW	√ ROAD			101. ZIP CODE 21229					10g. CITIZEN OF WHAT COUNTRY? USA.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	TUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Pif yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:					No— 14. RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)						work done during most of working re retired.)						
	17. FATNER'S NAME (First, Middle, Last) EUGENE HARVI		1			Middle, Melden HARVIN	Sumeme)						
TO BE	19e. INFORMANT'S NAME (Type/Print)	AILING ADDRESS	Street and	Number or Run	al Route Nur	nber, City or Town	n, State, Zip C	ode)					
-	VASHTI HARVIN 20s. METHOD OF DISPOSITION	8 MANOR						-					
	1 Donation 5 Other (Specify) 1 Donation 5 Other (Specify) 1 Donation 5 Other (Specify) 1 Donation 5 Dother (Specify) 1 Donation 5 Dother (Specify) 1 Donation 5 Dother (Specify)												
	JSOEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433												
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrestance, or hart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to jon as a consequence or judgment of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								ι,	Approximate interval Between Onset and Death			
MEDICAL	PART II. Other significant condition	ting in the un	he underlying causa given in Part i. 24s. WAS AN A PERFORM 1					AWAILABLE PRIOR TO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHER		E OF DEATH (Check only o	ne)					
	1 YES 2 NO 27. MANNER OF DEATH	28s, DATE OF	ER/Outpatient 3 D	OA 4 🗆 Nurs		5 Residence	_						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De		INJURY M	WORK	2 NO	280. DE	SCRIBE NOW IN	JURY OCCUR	RED			
8	3 Suicide 8 Could not be 4 Nomicide determined	erm, street, facto	ory, office		281. LOC	CATION (Street a or Town, State)	nd Number or	Rural Ro	ute Number,				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY: 2 MEDICAL EXAMIN	SICIAN: To the best of ex	knowledge, death o	ccurred et the til	me, deta en pinion, deati	d piece, end du	e to the ca	use(e) end men	ner se stated.	RUSO(0)	and manner se steted.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					c. LICENSE NI					Wonth, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUS	E OF DEATN (ITEM 27)	(Type, Print)		1 1 3	- 1			141			
	JAN 14 19	92 32. REGISTRAL	PS PIGNATURE PO	ndelle									





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VIVISION OF VITAL RECORDS, P.O. BOX 68760,	뽀	H	9
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	A DECEMBER MAN COLUMN TO THE PARTY OF THE PA		_	CERTIF	CATE	OF DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	. 11	1	1 /			2, DATE OF (DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		. lest birthday)	IF UNDER 1 YE		Janu	ary 12	1992	1652
	219-03-6987 90. FACILITY NAME (If not institution, give	1 🗆 M 2 🕅 F	M 2 F 92 YRS. MONTHS DAYS H			YS HOURS MIN.	7. DATE OF B (Month, Der 2-2	(Year) _ 3	8. BIRT Coun	HPLACE (State or Form
Œ						WN OR LOCATION OF DI		9c. C	OUNTY OF	OEATN
5	Baltimore Cou	nty Gener	al Hos	sp.	Ran	<u>ndallstown</u>			Balt	imore
DIRECTOR	100. STATE 10b. COUNT Maryland	Baltimore			y, town on Lo					10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 3525 Meadowda	le Drive				101. ZIP CODE 21207				WHAT COUNTRY?
ON	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS	DECENDENT OF HISPAN	NIC OBIGINS (8-	andhi Yan ay Na		ed States
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WI	YES 2	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell fyes, specify Cuben, Maxicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:				Blac Spec	E — American Indiar ck, While, etc. city: White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a	DECEDENT'S	USUAL OCCUP	ATION	16b. KINI	OF BUSINESS/	INDUSTRY	WILLE
APLET	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)		me. Do NOI us	ie retired.)	epartment	Ва	altimor	e Gas	& Electi
BE COMPL	Motor A Donne								p)	
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									D 21043
	20e. METNOD OF DISPOSITION 1				ther placel		OATE	20c. LOCATION		
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	Wo	odlawn		EAND ADDRESS OF FA	1/16	Wood	lawn.	MD
	23. PART I. Enter the diseases, or	Kellne	N		Lori 8728	ng Byers I	Funeral	andalla	torm	Inc. MD 211
7	ahock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	·	min	1	y 0 cm	deal o	lafar	etem		Interval Bat Onset and
		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	Marin Co.	100000000000000000000000000000000000000		08/5				20 ye
ICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CON	SEQUENCE OF):	ying cause given in	Part I. 24e.	WAS AN AUTOPS PERFORMED?	Y 24b	AVAILABLE PRIOR TO
: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	c	OR AS A CON	SEQUENCE OF):	ying cause given in			Y 24b	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
AN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	c	OR AS A CON	SEQUENCE OF	n the underly		10	PERFORMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
AN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition	e	DR AS A CON	SEQUENCE OF	n the underly 26. OTHER:	. PLACE OF DEATH (Che	1 [PERFORMED? YES 2 NO	Y 24b	D. WERE AUTOPSY FINITARIA ANILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
YSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	DR AS A CON	SEQUENCE OF	n the underly 26. OTHER: 4 □ Nursing H	. PLACE OF DEATH (Cho	1 [PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	e	DR AS A CON leath but no ER/Oulpatient	SEQUENCE OF ot resulting in 3 □ DOA 28b. Time	28. OTHER: 4 Nursing H EOF 28c. HY M 1	PLACE OF DEATH (Che fome 5 Residence INJURY AT WORK? YES 2 NO	1 [] sick only one) 6 [] Other (Spe 28d. DESCRIBI	PERFORMED? YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	d	PR AS A CON leath but no ER/Outpetient NJURY , Year)	SEQUENCE OF ot resulting in 3 □ DOA 28b. Time	28. OTHER: 4 Nursing H EOF 28c. HY M 1	PLACE OF DEATH (Che fome 5 Residence INJURY AT WORK? YES 2 NO	1 [] sick only one) 6 [] Other (Spe 28d. DESCRIBI	YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. DUE TO (C d	ER/Oulpetient JURY NJURY (Specify) y knowledge,	SEQUENCE OF ot resulting in the second secon	26. OTHER: 4 Nursing H 5 OF 28c. JRY M 1 treet, lectory, of	. PLACE OF DEATH (Che lome 5 Residence INJURY AT WORK? YES 2 NO Hice	ick only one) 6 Other (Spe 28d. DESCRIBI 28l. LOCATION City or Tow	PERFORMED? YES 2 NO City) E HOW INJURY 0 (Street and Number, Stete)	OCCURED Per or Rural F	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: HOSPITAL: 1 Inpatient 2 1 28e. DATE OF IP (Month, Day) 28e. PLACE OF building, et	ER/Oulpetient JURY NJURY (Specify) y knowledge,	SEQUENCE OF ot resulting in the second secon	26. OTHER: 4 Nursing H 5 OF 28c. JRY M 1 treet, lectory, of	. PLACE OF DEATH (Che lome 5 Residence INJURY AT WORK? YES 2 NO Hice	1 Cook only one) 6 Other (Spe 28d. DESCRIBI 28l. LOCATION City or Tow	PERFORMED? YES 2 NO City) E HOW INJURY 0 (Street and Number, Stete) and manner ee st	occured for a final filter of the country of the co	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO



1. DECEDENT'S NAME (First, Middle, Last)

COMPL

MARYLAND 21215-0020

BALTIMORE,

BOX 68760.

P.O. I

RECORDS,

DIVISION OF VITAL

must examiner the medical this certificate has been with the State Dept. of arked, or Item 23 st death with the s marked, After DIRECTOR: Af hours after de Item 28 is r TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

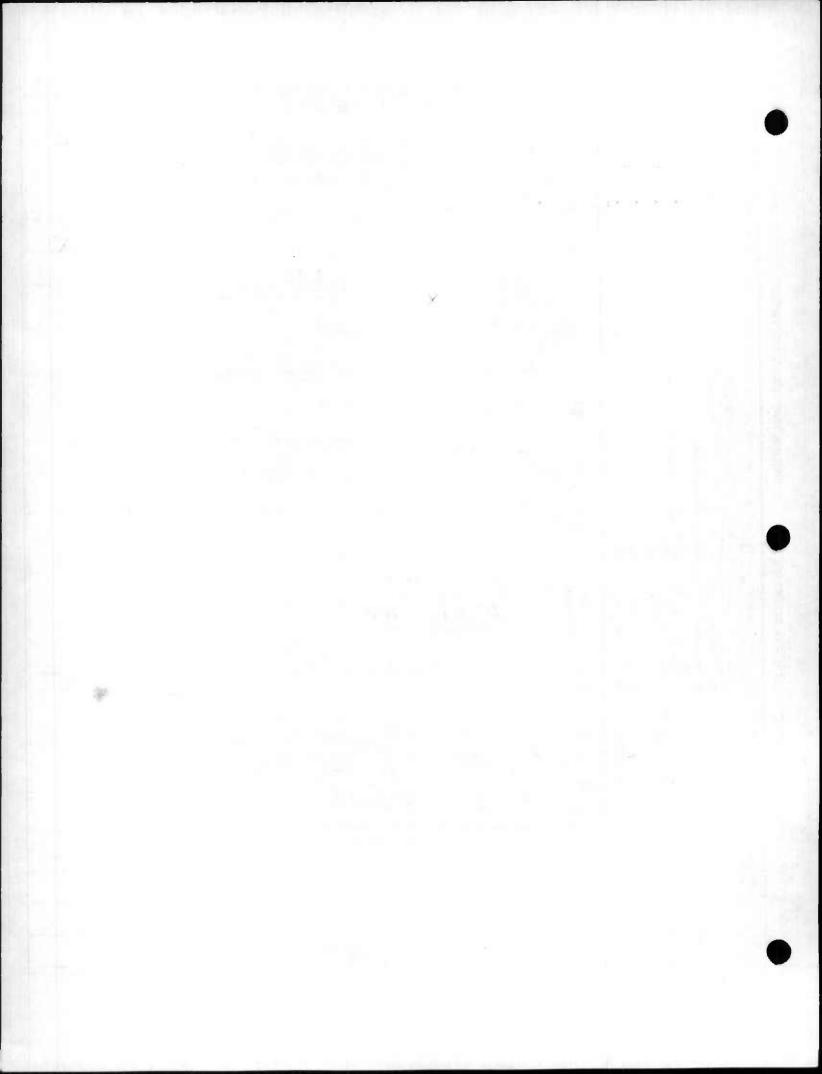
COMPLETED

BE

2

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR LOUIS HACK 01 08 1992 9:30Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign 1 X M 2 | F 214-03-0029 82 YRS. 02/01/1909 MARYLAND 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATN DIRECTOR G.B.M.C., 6701 N.CHARLES STREET TOWSON BALTIMORE 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND 1 YES 2 NO BALTIMORE BALTIMORE FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5988 MARSUE DRIVE APT. 1-D USA 21215 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced BY 1 TES 2 NO Specify: Specify: WHITE ETED 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 SHEET METAL INSPECTOR HUNT CO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOLOMON HACK IDA APPELSTEIN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. BETTY HACK 6988 MARSUE DR., APT. 1-D BALTO., MD 21215 20a, METNOD OF DISPOSITION
1 XBurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) WORKMEN CIRCLE 1/10/92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. Hodene Kua-6010 REISTERSTOWN RD. BALTO., MD 21215 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heart failure. Liet only one cause on each line. interval Between app tolo IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF artomas cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Glan (a AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 YES 2 700 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2NO NO OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investige M 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 8 Could not be 4 Homicide datermined 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Mark lam W 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day Year) 32. REGISTRAR'S SIGNATURE Sulia Verilar Ponds 00



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296. SIGNATURE AND TITLE OF CERTIFIER William a Wall

4 1992

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AH 31. DATE FILED (Morning,

ESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF	RTMENT	OF H	IEALTH DEA	AND	MENTAL HYGIE REG. N		J has	00000	
	1. DECEDENT'S NAME (First, Middle, Last) HORNEY	HESSIE EMILY HORNEY 2					2. DATE OF CEATH DAY 1-8-92 AREA 3. TIME OF CEATH						
	4. SOCIAL SECURITY NUMBER 217 07 8363	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Countr	PLACE (State or Foreign	
4	9a. FACILITY NAME (If not institution, give st								4-19-18			ryland	
C .			A 1 7		96. CITY		PR LOCATI		EATN	9c. COUNTY OF DEATN			
CTO	Anne Arundel General Hospital					Ann	apol	ıs		Anne Arundel Co.			
DIRECTOR	_	e Arundel	Y, TOWN OR LOCATION Arnold				nold		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER ChesapeakeManor	305 Co	llege P	cway	101. ZIP CODE 2 1 0 1 2					10g. CITIZEN OF WHAT COUNTRY? USA			
Y FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	10		If yea, sp	ecify Cuba	n, Mexico	NIC ORIGIN? (Specify Y	e or No—	Black	— American Indian, , Whita, atc.	
D BY	3 Widowed 4 Divorced			no	1 YES 2 NO Specify:			no	White				
TE	15. DECEDENT'S EOUC (Specify only highest grade	completed)	18e. DE	CEDENT'S	S USUAL OCCUPATION f work done during most of working use retired.)				16b. KIND OF B	JSINESS/IN	OUSTRY		
COMPLETED	12 +	12 + 4 Educ							Teach	er			
8	17. FATNER'S NAME (First, Middle, Last)								ME (First, Middle, Meide	n Surname)			
BE	James Francis Per	nn						gini		_		1909	
2	198. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1795 Beachfield Rd, Annapolis, MD 21401									1			
	20a. METNOO OF DISPOSITION 1	val from Stata	20b. PLACE A cemetery, crei	NDOATE	OF DISPOS			xu,	1	OCATION —			
	Ronald Wade, Dir 1-10-92 Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St, Balto., MD 21201												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or raspiratory arrast, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to	en gen	esulting	in the un	deriying	cause ç	given in		RMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			sck only one) 6 Other (Specify)				
IY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF I	NJURY	28b. TIM		28c, INJI WO	JRY AT RK?		28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF building, e	INJURY — At hor	ne, term, s	treat, facto					or Rural Ro	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER								to the cause(s) end mi			and manner on arelad	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	aple					29c. LICE			,		(Month, Day, Year)	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DITAL OF ATTENDED OF THE PARTY
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for use as the burial-transit permit. Pages 1, 2, 3 should DIRECTOR UNIVERSITY HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 16b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e, STREET AND NUMBER 4202 CLARE WAY 21213 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) be detached 17. FATHER'S NAME (First, Middle, Last) JOHN HEARD ㅎ BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 2 RALPH HEARD 2055 WOODBINE AVENUE after death. Page 6 may be be 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of examiner must director, KING MEMORIAL PARK 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral NAME AND ADDRESS OF FACILITY filled in by the 23 PART . Enter the diseases, or complications that sa ahock, or heart fullure. List only one cause of medicai 0 IMMEDIATE CAUSE (Fina the cremation, disease or condition HEAD completely AND WELL TONJULIAN other traumatic event, resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): burial. CERTIFICATION and Sequentially list conditions, signed by the attending physician an Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any Injury. PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL DIRECTOR: After this certificate has been hours after death with the State Dept. of I PHYSICIAN: 23 item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1X XYES 2 □ NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? marked. 1 | Natural 2 | Accident 1 YES 2 NO BY 65 3 Suicide 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) COMPLETED 8 Could not be determined 28 4 Homicide item 29a, CERTIFIER FUNERAL (= MPORTANT NATURE AND TITLE OF CERTIF THE BE 29c. LICENSE NUMBER 뿓 O.C.M.E. 2 2 3 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARYDAIDD 13-140201

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HORACE HEARD HONTH 3:47 P BROWN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-60-3869 Month, Day, Year) 7/27/1955 DAYS HOURS 36 YRS BALTO. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 XYES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Mexican, Puarto Rican, etc.)

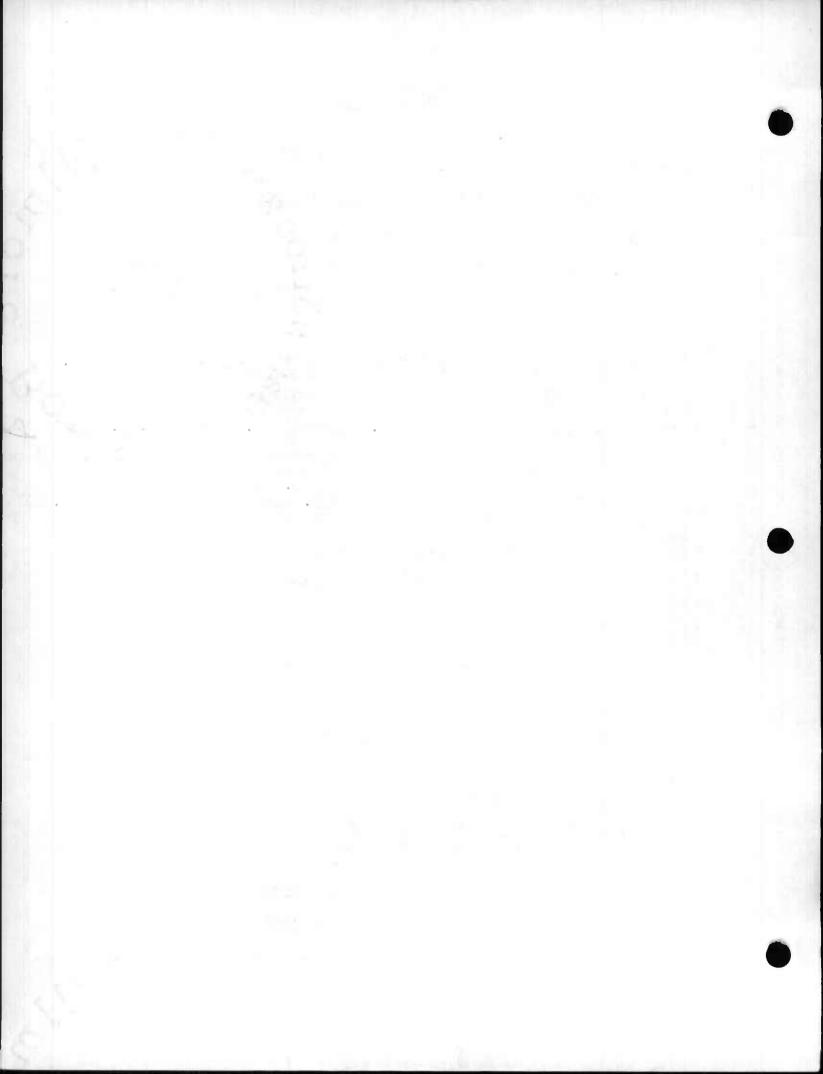
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Specify BLACK 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNIE RUTH HEARD 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD 20c. LOCATION - City or Town, State BALTIMORE, MARYLANI LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE sed the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximete Onset and Death 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? THE YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurad at the time, data and pisca, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) ▶ 01/10/92 111 PENN STREET, BALTIMORE, MARYLAND 21201

April 10 to the second paper of

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITENDING PHYSICIAN: The law requires that the death certificate be exacuted within 🚗 wours after death. Page 6 may be retained by the hospital or attending physician.	TDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death with th	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TAL DR ATTENDI	UL DIRECTOR: A	the hours after d	If item 28 is	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALI	TH AND MEI	NTAL HYGIEN	E	- 00002		
1. DECEDENT'S NAME (First, Middle, WOOI							3. TIME OF DEATH 3: 47 p M		
4. SOCIAL SECURITY NUMBER 213-07-6553 90. FACILITY NAME (If not institution,	15 SEX 6. AGE (In yrs. last birthday) if under 1 YEAR if under 24 Hrs. 7. DATE OF BIRTH (Month, Day, Vear) 12-27-13 Vi						Virginia		
	Good Samaritan Hospital Baltimore						e		
	none	own or Location Simore C	ity			10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
100. STREET AND NUMBER 501 E. Pre	eston Street	101, ZIP C 212				of what country? d States			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? MIXTES IF YES, GIVE WAR OR D 1942-194		Luben, Mexican, Pi	PRIGIN? (Specify Yes serto Rican, etc.)	fes or No- 14. RACE — American Indian, Black, White, etc. Specity: Negroid				
(Specify only highest Elemantary/Secondary (0-12)	5. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL (Glive lidnof of work do			orking		BUSINESS/INDUSTRY			
5th grade 17. FATHER'S NAME (First, Middle, Le		Brickla	16. k		First, Middle, Melden		teel Co.		
Collins Han	DRESS (Street and Nur		Number, City or Tow						
Yvonne Harvey 1213 N. Linwood Ave. Baltimore, Md. 21213 20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Speedly) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or Complete of Comple									
22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston Street, Balto, Md. 2 23. PART I. Enter the diseases, or complications they cared the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury that initiated events resulting in death) LAST d.									
PART II. Other algorificant con	nditions contributing to death l	but not resulting in	the underlying cau	ise given in Pa	24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERREO TO MEDICAL EXAMINER? ACTION STATES 2 NO 1 Impettent 2 ER/Outpettent 3 15 DOA 4 Noveling Home 5 Residence 6 Other (Specify)									
	Netural 5 Pending Investigation M 1 YES 2 NO								
coe)	PHYSICIAN: To the best of my know	wledge, death occurred				anner as stated.			
2 MEDICAL E	2 MEDICAL EXAMINED. On the base of examination and/or investigation, in my opinion, death of					29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 1 2 7 0 2 2			
/1 -		GOY It	ant) ARFONI)			M1) 2	1234		
JAN 1 4 199	2 Sulia Davidson	-Randall							

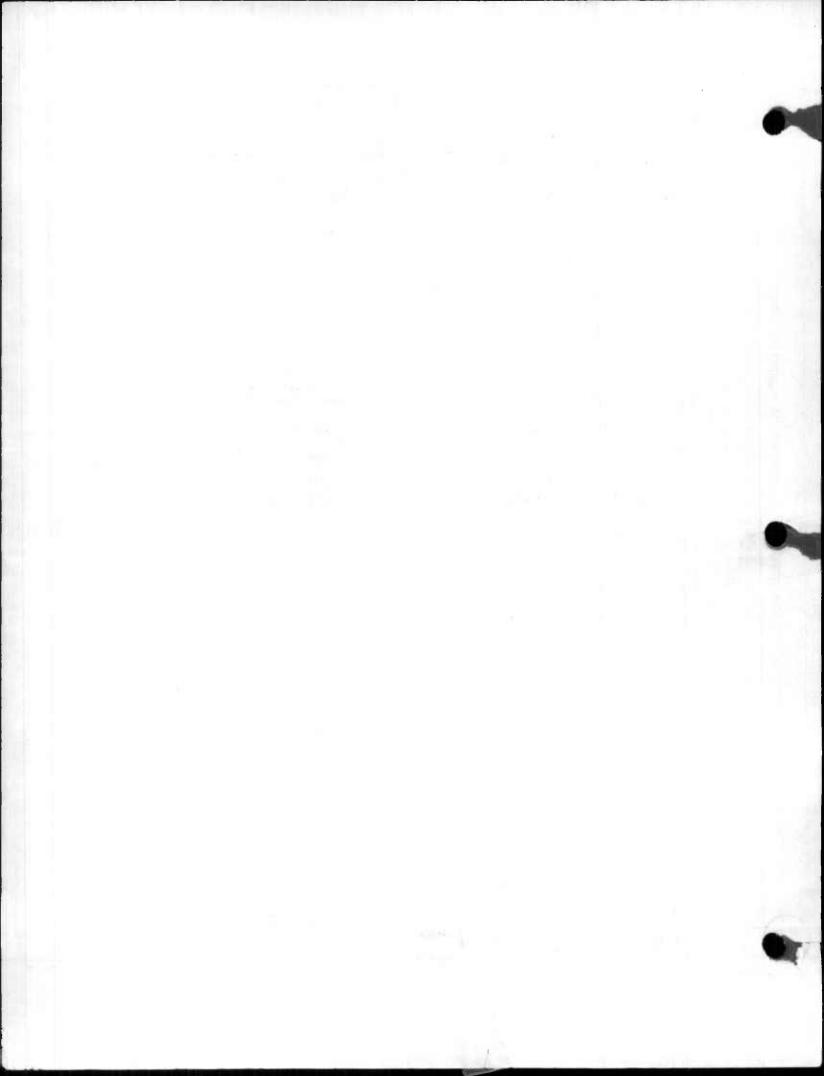


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ID THE HUSPITAL DR ALENDING PHYSCIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 show
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTA	L HYGIEN	E	<u></u>			
119.2	1. DECFRENTIA NAME (First, Middle, Lest)	Helen Edith	Ingraham			2. DATE	E OF DEATH	- 190	YEAR 72	3. TIME OF DEATH 13:15 M		
	4. SOCIAL SECURITY NUMBER 086-18-8932			HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Ad-ath Car Maria						
OB	9a. FACILITY NAME (If not institution, give a St. Agnes Hospita		91	Balti	R LOCATION OF D	EATH		9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, T	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
	Md 100. STREET AND NUMBER		Ba	Baltimore 100, ZIP CODE				1 XYES 2 NO				
FUNERAL	702 Dryden Drive			21229					10g. CITIZEN OF WHAT COUNTRY? USA			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	RMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 90 Specify			N? (Specify Yes Rican, etc.)	4. RACE Black Speck	- American Indian, , White, etc. y: White			
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work file. Do NOT use re	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working b. Do NOT use retired.)			b. KIND OF BUS	STRY	W12200			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homema	ker	18. MOTHER'S NA	AME (First,	Own h					
BEC	Harold Parker				Vilda			ĺ				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural		nber, City or Town	, State, Zip C	lode)			
	Herbert Hoelter 200. METHOD OF DISPOSITION	200			rd Road		to 212		tu na Tou	Photo:		
20s. METHOD OF DISPOSITION 1 String 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery) 20c. LOCATION Cemetery April 20c. LOCATION (Specify) April 20c. LOCATION (Specify) April 20c. LOCATION (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICE	1.00. M	spell	Sterl	ing Asht dmondsor	con F	uneral	neral Home ue 21228				
NOI	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) One to (or as a consequence or): Due to (or as a consequence or): Leavy Tobacco Smoking Due to (or as a consequence or):											
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algoriticant condition Or Pulm Gastrifi	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part of Pulmonale. Gastrifis							t I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMILABLE COMPLETI OF DEATH 1 YES			
HTSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CA	neck only o	00)					
200	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	5 🗆 Residence							
	27. MANNER OF DEATH 1 X Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	JRY AT RK?	1	SCRIBE HOW IN	JURY OCCU	RED			
ED 01	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree		ES 2 NO	281. LOC City	CATION (Street as or Town, State)	nd Number or	Rural R	oute Number,		
OMPLE	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowl	edge, death occurred at	t the time, data	and place, and dua	to the car	use(a) and meni	ner as stated	Cause(s)	end manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNE 297. DATE SIGNE 296. LICENSE NUMBER								SIGNED	(Month, Day, Year)			
	Javier Calde		TH (ITEM 27) (Type, Prin		Balto), A	10 2	122	9			
	JAN 1 4 1992	32. MEGISTRAR'S SIGN	Here		,,,,							





BALTIMORE, MARYLAND 21215-0020

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TA	he
DIVISION OF VITAL RECORDS, P.O. B	IOSPITAL OR ATTENDING PHYSICIAN: T
VISION	ATTENDING
5	8
_	OSPITAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT (F HEALTH AND	MENT/	AL HYGIEN	E	16.	UUOUi
	1. DECEOENT'S NAME (First, Middle, Last) Je Pe Miah 4. SOCIAL SECURITY NUMBER	Jones 1	JR.)			MON	E OF DEATN	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	YEAR 3.	TIME OF DEATH
	246-36-7880	5-SEX 6. AGE (In yrs.			AYS HOURS MIN	10	of BIRTH th, Day, Year) -19-28	8	Country)	NCE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give street) STAGNS RESIDENCE OF DECEDENT	HOSPITAL BALTIMORE							Y OF DEAT	N -
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION BALTIMORE								d. INSIDE CITY LIMITS? X YES 2 \(\text{NO} \)
FUNERAL	100. STREET AND NUMBER 1224 E. MADISON ST	REET			101. ZIP CODE 21202		10g. CITIZEN OF			
B≺	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S., FORCES? 1 V YES 2 I IF YES, GIVE WAR OR DATES	ARMED 12 WAS DECEMBERT OF MICRANIC ORIGINA IN M.							
COMPLETED	12th	ompleted)	DECEDENT'S I (Give kind of w life. Do NOT use	ork done durir	PATION g most of working		LTIMOR		TRY	EC. CO.
BE CO	JEREMIAH JONES, S				18. MOTHER'S LYDIA					
10	196. INFORMANT'S NAME (Type/Print) DELORES JONES 199. MAILING AGORESS (Street and Number of Rural Route Number, City of Rown, State, Zio Code) 1224 E. MADISON ST./BALTIMORE, MD 21202									
	20b. PLACE AND DATE OF DISPOSITION 1 V Burial 2 Cremetton 3 Removal from State 4 Donastion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campillar of the other (Specify) 20c. LOCATION - City or Town, State OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									State MD
	· Vane De	Coac	_	WM.	C.MARCH F	.H./1				NUE
	IMMEDIATE CAUSE (Final	mplications that caused the cause on each literature on each literature on each literature of the control of th	ne.			Jch aa csr	diac or respi	ratory arres		Approximate interval Batween Onset and Death
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. OUE TO (OR AS A CONSEQUENCE OF):									
CAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDI	PERFORMED? 1 YES 2 NO OF								OF 6	FLABLE PRIOR TO APLETION OF CAUSE OEATH? YES 2 NO
PHYSICIAN:		IOSPITAL:		OTHER:	B. PLACE OF DEATH (C					
PHYS	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c	Nome 5 Residence INJURY AT WORK?	_	r (Specify) SCRIBE HOW IN	JURY OCCUR	EO	
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28s. PLACE OF INJURY — At Inbullding, atc. (Specify)	nome, farm, ati		YES 2 NO	28f. LOC	ATION (Street ar	nd Number or I	Aural Route	Number,
LETE	4 Nomicide detarmined					City	or Town, State)			
COMPLETED	(Check only CERTIFYING PHYSICIA	N: To the best of my knowledgs, d	death occurred r Investigation.	at the time, In my opinio	date and place, and do n, death occured at th	is 10 the cau ie time, data	and place, end	ner as stated. I due to the ca	iuse(s) and	manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Chair, mr				29c. LICENSE N	JMBER A-V-	0	29d. DATE SI	GNEO (Mon	th, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH (IT)			n A-	2.	Raldi		MD	, –
31. DATE FILEO (Month, Day, 1861) JAN 14 1992 JAN 14 1992										

BALTIMORE, MARYLAND 21215-0020

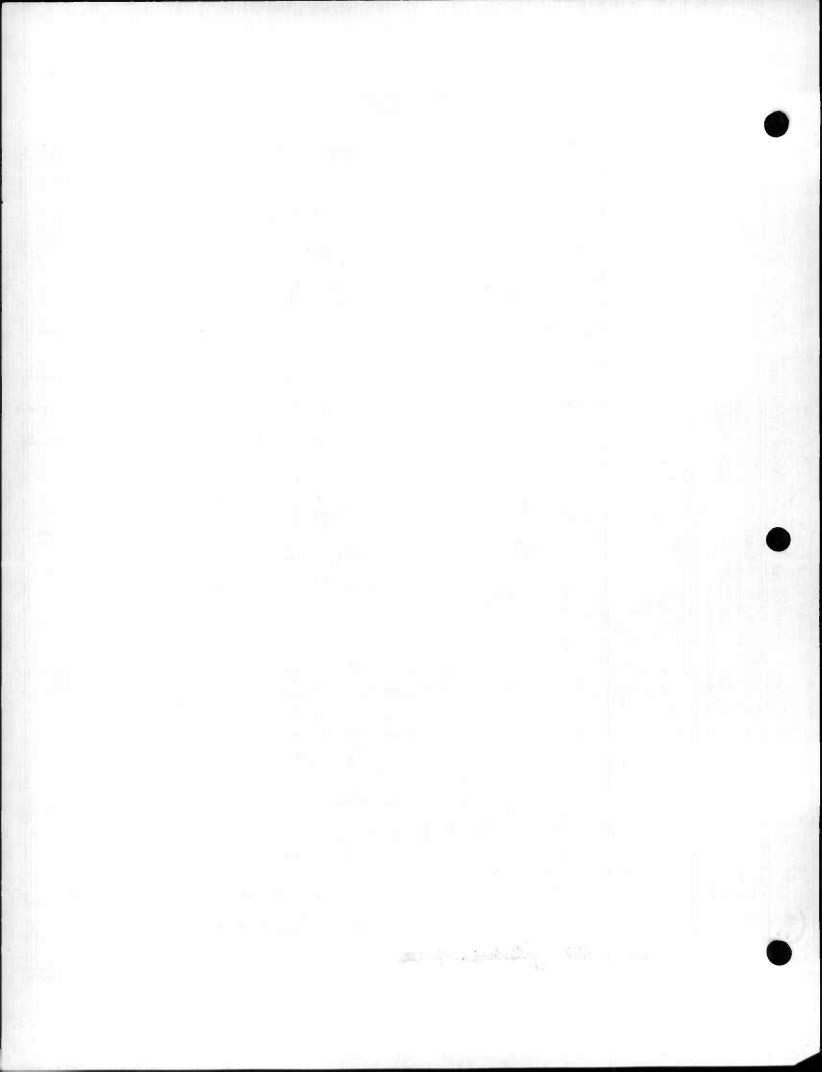
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.	36	UUUUU		
1. DECEDENT'S NAME (First, Middle, to Catherine A.	,				2. DATE OF DEATH MONTH DATE				
4. SOCIAL SECURITY NUMBER 215-30-6155			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIR	9:00 P. THPLACE (State or Foreign intry)		
9a. FACILITY NAME (If not institution,		9		R LOCATION OF D	1-11-05 EATH	9c. COUNTY OF	Md.		
4108 Fleetwood RESIDENCE OF DECEDEN 100. STATE 10b. CO		10c. CITY. 1	Balto				Tasa maine airi		
Md.			Balt	:0.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
4108 Fleets	wood Ave.	21206	OF OTHER OF WINE COOKING						
3 🖔 Widowed 4 🗆 Divorced	12. WAS DECEDENT EYER IN U.S. ABMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT If yes, specify Cut 1 ☐ YES 2 ☐ YES				T OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Americ blan, Mexican, Puerto Rican, etc.)				
15. DECEGENT'S (Specify only highest (Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5+)		k done during most retired.)	t of working	166. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Last)	Seamstre	ss	18. MOTHER'S NA	Greif F				
August Reusing					Unknown				
19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Town	, State, Zip Code)			
Regina C. Monas 20a METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3	Removal from State 20b.	PLACE AND DATE OF	DISPOSITION (Nam		DATE 20c. LOC	ATION — City or			
4 Donetion 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE Author	E LICENSEE	ardens of	John C	ADDRESS OF FA					
23. PART 1. Exter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	MASSIVE		enter tha mod	a of dying, auc	h sa cardiac or reapin	atory arreat,	Approximata interval Between Onset and Daat		
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					YENS		
PART II. Other significant condi	itions contributing to death but the Alant	t not resulting in t	the underlying	cause givan in	Part I. 24a. WAS AN A PERFORM	IED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLA	CE OF DEATH (Ch	eck only one)		1 YES 2 NO		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	flent 3 DOA 4		5 Residence	6 C Other (Specify)				
1 Natural 5 Pending 2 Accident Investigati		26b. TIME O	WOR		26d. OEŞCRIBE HOW IN.	JURY OCCURED			
3 Suicide 6 Could not 4 Homicide determine		— At home, farm, atred y)	et, factory, office		261. LOCATION (Street an City or Town, State)	d Number or Rurel	Route Number,		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HYSICIAN: To the best of my knowle	dge, death occurred a	nt the time, date e	nd place, and due	to the cause(a) and mann time, date and place, and	or so stated.	(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERT	IFIER Bh	BN-610	no	DIE LICENSE NUN			D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	1 . / / `	TH (ITEM 27) (Type, Print	nite 2	17 WI	hite Sa. B.	LD BA	47.2123		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		, 50,		1			





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TO THE	THI CI	be file	IMPORTAN
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Jef

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALT		AL HYGIENE REG. NO.	92	00606		
	1. DECEDENT'S NAME (First, Middle, Last) JAMES A JACKSON 2. DATE OF DEATH MONTH DAY OF 11-19 92							3. TIME OF DEATH		
	225 11 10.11	SEX 8. AGE (UNDER 1 YEAR IF UNITED STATES DAYS HOUR	/3.4-	E OF BIRTH ntf, Day, Jean	Counti	PLACE (State or Foreign y) IVILLE, VI		
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH									
DIRECTOR	MARYLAND 10b. COUNTY			OWN OR LOCATION BALTIMORI	3	/		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	3800 W. BELVEDI	ERE AVE A	PT. 1015	101. ZIP CI	21215	10g.		VHAT COUNTRY? JSA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 DAO ATES		iban, Maxican, Puarl	GIN? (Specify Yea or No o Rican, atc.)					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elamentary/Secondary (0-12)		18e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of wo	rking	8b. KIND OF BUSINES:	S/INDUSTRY			
111	17. FATHER'S NAME (First, Middle, Lest) JIM JACKSON	GRODGE ANNA TAGMOON								
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHEREN SNIPE 1552 PENTWOOD ROAD BALTIMORE, MD 21239									
	20a_METHOD OF DISPOSITION 1									
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207									
	23. PART I. Enter the diseases, or co- ahock, or heart failure Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on	the death. Do not ach line.	enter the mode of	dying, such as c	ardiec or reapirator	y arrest,	Approximata Interval Betwee Onset and Deat		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CI	PART II. Other algoriticant conditions	COPP			e given in Part i.	24a, WAS AN AUTO PERFORMED: 1 YES 2 SAN	?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Raeldenca 6 Other (Specify)									
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28a. DATE OF INJURY AT WORK? 1 Netural 5 Pending Investigation Provestigation									
ETED E	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre-	nt, factory, offica		OCATION (Street and Ni lty or Town, State)	umber or Rural	Route Number,		
D BE COMPLETED BY PHYSICIVE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DISCOUNTING P	AN: To the best of my know On the basis of axamination						a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	>			D37573			Month, Day, Year)		

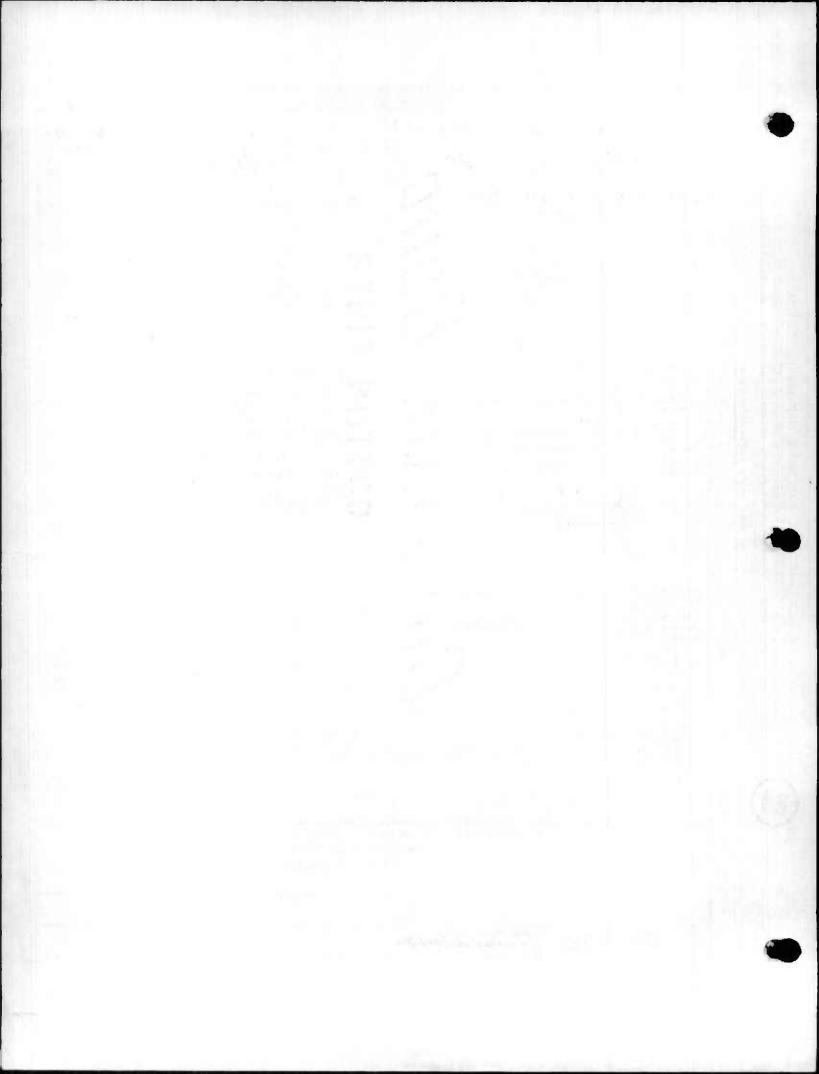
5 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Park Heights

MP

Baltimore Ase.

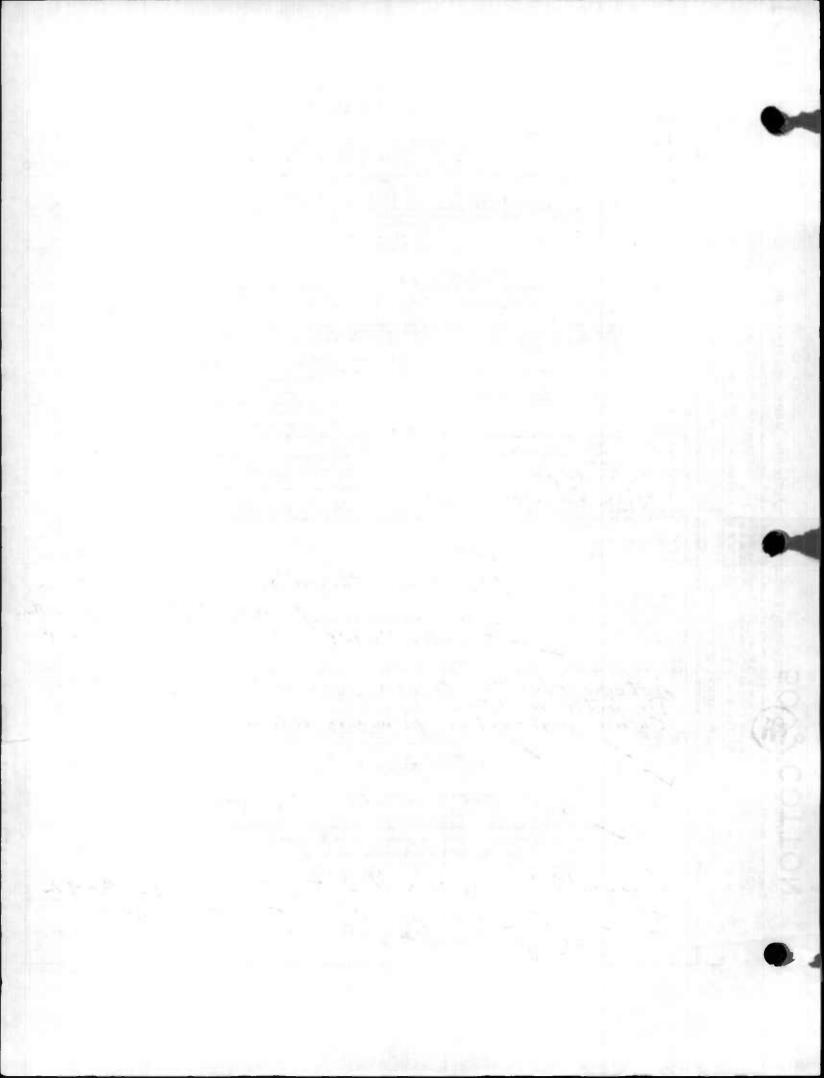
MD 21208

31. DATE FILES MOND.



F VITTERECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	with after death. Page 6 may be retained by the hospital or attending physician.	, certificate memory on an amendance physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by Same Dept. of Health and Memory Property points.	he medical examiner must be notified at once.
DIVISION OF VITAT RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE HOSPITAL OF A THE HOSPITAL DR ATTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificant meeting by the attending physician and completely filled in by the it fleet within 72 hours after death with the State Dept. or health and Meeta Hoppine prior to burial, cremation, or removal,	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF N	IARTLAND / DEI CERT	PARTMEN FIFICAT	E OF	DEAT	AND I	WENTAL HYGI REG.				
	1. DECEMENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		(TEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest birth	eforti er imen	ER 1 YEAR	er impen	04 1990	OI	14	42	HPLACE (State or Foreign	
	212-38-6977	0. SEX 1)∑XM 2 ☐ F	The state of the s	MONTHS	1	Officeth Day Mont				Count	orth Carolin	
	9a. FACILITY NAME (If not institution, give s		,,	9b. Cl7	TY, TOWN (R LOCATI	ON OF DE			UNTY OF D		
E.	tallston (ipnora		F	-01	14	2			to ctord		
8	RESIDENCE OF DECEDENT		7	1 1	4	121	71			1 10.00		
DIRECTOR	10a. STATE 10b. COUNT	100	CITY, TOWN		TION			10d. INSIDE CITY LIMITS?				
2	Md. Har:		Aberdeen 101, ZIP CODE				10g. CITIZEN OF WHAT COUR			1 YES 2 NO		
RA	615 Webb Stree	erdeen, M							S.A.			
N N	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. ARMED	MED 13. WAS DECENDENT OF HISPANIC OF				C ORIGIN? (Specify Yea or No. 14. RA			E — American Indian, ck, While, atc.	
BY FUNERAL	1 Naver Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2 NO			ecify Cubs		n, Puarto Rican, etc /:	.)	50.00	ck, white, etc. city: hite	
	3 Widowed 4 Divorced									-	nite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kir	ENT'S USUAL nd of work don IOT use retired	e during me	on ost of working	ng	166. KIND OI	BUSINESS/II	NDUSTRY		
PE	Elementary/Secondary (0-12)	College (1-4 or 5	-)	Milita		ffice	er	U.S	. Army	7		
OM	17. FATHER'S NAME (First, Middle, Last)				2	y .		ME (First, Middle, Ma				
BE C	Frederick Hard	ding Jone	es			Ma	ary :	Rush				
TO B	19a. INFORMANT'S NAME (Type/Print)							Route Number, City o				
-	Helen T. Jones						erde	en, Md.				
	20a. METHOD OF DISPOSITION 1 Durial XXCremation 3 Ram	oval from State	20b. PLACE AND of cometary, cren Green				17 7	1-14-92				
-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	ORNSEE	- Græn		2. NAME A				Dares		/ CICI	
	D- XI	111.	March		Brad	ley-	Asht	on Funer	al Hom	e, I	nc.	
- 1	23. PART I. Entar tha diseases, or	complications the	1100011	Do not out				Spring R			Approvimeto	
	shock, or haart fallure.			Do not ant	ar tha m	oa or ay	ing, suc	n aa cardiac or	espiratory a	arreat,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition		ODSIS								Onset and Death	
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):							13944			
z	Multiple thrombi											
5	Sequantially list conditiona, if any, laading to immadiata	DUE TO	(OR AS A CONSECUEN	ICE OF):		-	,		4-		was the	
5	cause. Entar UNDERLYING CAUSE (Disease or injury	c. Out T	arcib	707	79	01		prosi	ale	•	PIOTE 14	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ONCE DUE TO (OR AS A CONSEQ							one yr.				
B		مه										
CAL	PART II. Other algnificant condition	-/		1 4			1	A PE	S AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDIC	Arteriosc	/eroT	t care	1180	195	Ci	165	10 1 1 0 Y	ES 2 DAO		COMPLETION OF CAUSE OF DEATH?	
Σ	DIABETES	melli	103				1.5-	0.60			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	011700	live p	UI ma	ma p	Y C	(W C	heck only one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ [ОТН	ER:			6 Other (Specifi	al .			
Η	27. MANNER OF DEATH	28a. DATE O	F INJURY 28	b. TIME OF	28c. IN	JURY AT	BEIGHNEE	28d. DESCRIBE		OCCURED		
	1 Natural 5 Pending Investigation	(Month, i	Day, Year)	INJURY M		ORK? YES 2	□ NO					
D BY	3 Suicide 8 Could not be	28a. PLACE	OF INJURY At home, , atc. (Specify)	farm, atreet, i	actory, offi	Ċ#		28f. LOCATION (S City or Town,	Street and Num	ber or Rura	I Route Number,	
ETE	4 Homicide datarmined											
P	CHOCK ONLY	SICIAN: To the best of	f my knowledge, death	occurred at th	e 1ime, dat	a and plac	e, and du	a to the cause(a) an	d manner aa s	stated.		
COMPL	one) 2 MEDICAL EXAMIN	ER: On the beals of	examination and/or inves	stigation, in m	y opinion,	death occi	ured at 1h	e time, data and pla	ce, and dua to	the cause	e(a) and manner as stated.	
ш	29b. Signarule AND TITLE OF CERTIFIE	m	int.	m	1/1	29c. LIC	ENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)	
10 B	David 1	10	mpraw	111	U	D	0	1011		1-1	13-92	
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FILED (Month, Day, Year)	af. Registri	AR'S BIGNATURE INC.	DE .	. 1		1	01131		, (
	IAN 1 4 1992	gunar	mimon and	-								



Pages 1, 2, 3 should

TO THE HUSPITAL OF ALL ENDING PHYSICIAN. THE IAM FEQUITES THAT THE GAM FEQUITES THAT THE GAM FEQUITES THAT THE GAME OF THE HUSPITAL OF ALTERNATIVE OF THE PHYSICIAN.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humanimaser.		t once.
retained by	5 should b		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6 may be	ctor, page		Thurst be
eath. Page	uneral dire		caminer r
rs after o	by the f	removal.	dical ex
1 24 moun	ly filled in	ation, or i	the me
rted wrthin	complete	ial, cremi	event,
De execu	ician and	ior to bur	raumati
Certificate	oding phys	Hygiene pi	r other 1
the death	the atten	d Mental F	Injury, o
arres mar	signed by	Health and	ws any
alaw regu	has been	Dept. of	23 sho
CIAN: In	ertificate 1	the State	or item
IG PHYSI	ter this ce	ath with t	narked,
AI IENDIR	ECTOR: Af	s after de	1 28 is r
TAL OR	RAL DIRE	72 hours	: It item
INE HOS	THE FUNE	filed within	PORTANT
2	2	90	Ξ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Mid 2. DATE OF DEATH 3. TIME OF DEATH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (S) 8 1 - M 2 VF 2525 9c. COUNTY OF OFATH DIRECTOR w · Beken imore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN, DR, LOCATION 10d. INSIDE CITY LIMITS? timore YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 11. MARITAL STATUS WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 VES 2 ND IF YES, GIVE WAR OR DATES 14. RACE --American Indian. 1 Never Married black BY Specify: 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16s. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT yee retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) MOTHER'S NAME (First, Middle Maiden urner BE 19b. MAILING ADDRESS 2 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION AND ADDRESS OF FACILITY Carroll 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant or PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? T VES NO I NES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impellent 2 | ER/Outpetlent 3 | DOA OTHER 1 YES 2 7 NO ne 5 🗆 Residence 6 🗀 Other (Specify) 4/ 1 27: MANNER OF DEATH 28s. DATE OF INJURY (Month, Day War) 28d. DESCRIBE HOW INJURY OCCURED 28s. INJURY AT WORK? 1 The isted 5 Pending BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fects 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stale) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. for investigation, in my opinion, death occured at the time, data and place, BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 09752 1/13/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTO. HD Q1218



. CHARLES

32. REGISTRAR'S SIGNATURE

ina Davidson-Randelle

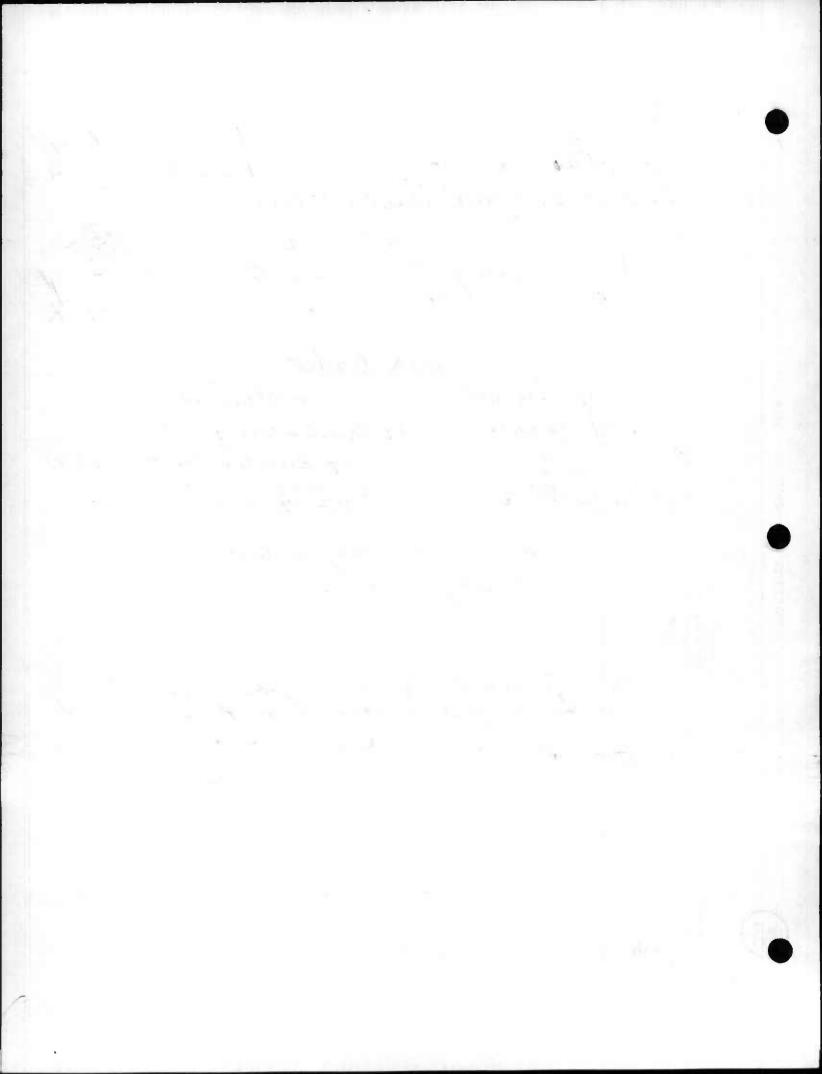
STREET

13,

735

31. DATE FILEO (Month, Day, Year)

JAN 1 4 1992

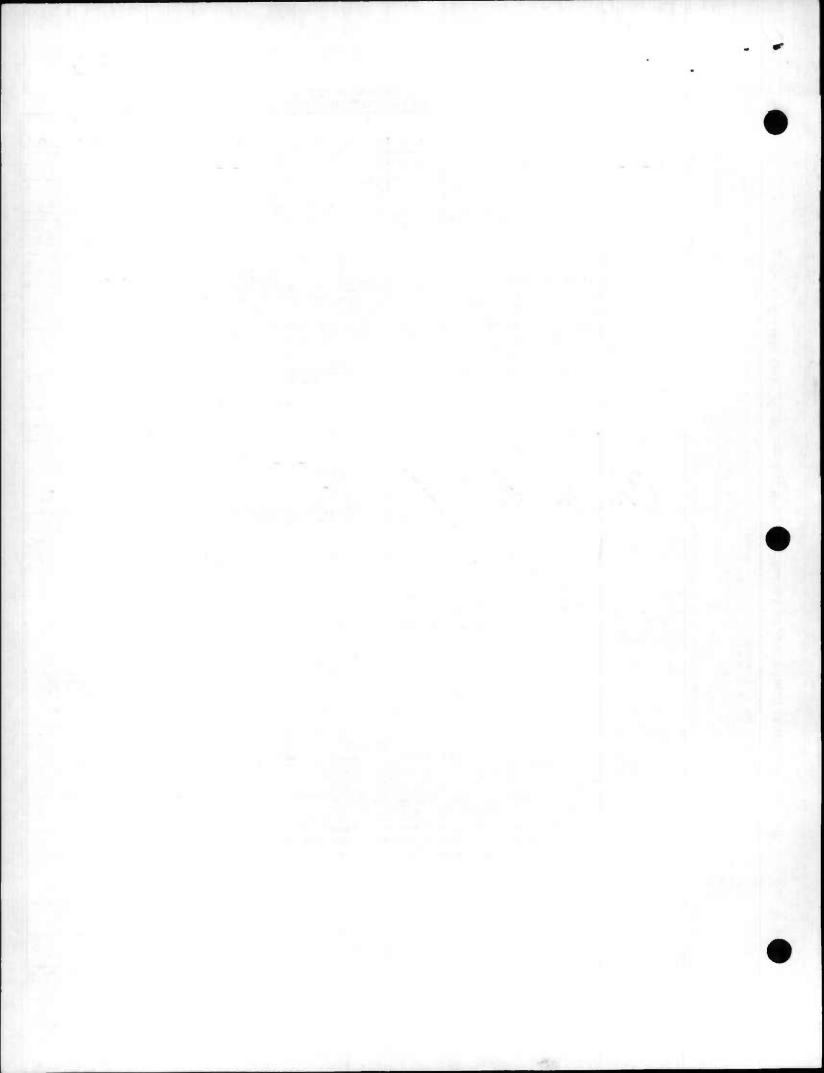


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L		10000 00			ATE OF DEATH		EAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		ACOBS, SR.			17		2	1:10 \$
	5. SEX 6. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNE	DER 24 HRS. 7. DA	TE OF BIRTH	8.	BIRTHPL/ Couptry)	ACE (State or Foreign
213-07-7604		86 YRS.			-5-1905		SOUT	H CAROLI
9a. FACILITY NAME (If not institution, o			9b. CITY, TOWN OR LOCA			9c. COUNTY		
HARBUR HUSPITA	\L		BALTIMOT	ECITY				
10a. STATE 10b. CO		18c. CIT	, TOWN OR LOCATION				Las	
MARYLAND	BALTIMOR			EMERE				d. INSIDE CITY
10e. STREET AND NUMBER	BILLITHON		101. ZIP CO					YES 2 NO
2519 SOUTH SNS	IDED AUENIE		101. 217 CC	21219		1		T COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE	RINIIS ADMED	13. WAS DECENDENT				u.s.	
1 Never Married 2 Married	FORCES? 1 Y	ES 2 XNO	If yea, specify Cu	ban, Maxican, Puer	to Rican, atc.)	or No 14	Black, W	Americen Indian, /hita, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAR OF	TDATES	1 YES 2 My	Specify:			Specify:	WHITE
15. DECEDENT'S (Specify only highest of	EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during most of wor retired.)	rking				
5 YEARS	N/A	CRANE	OPERATOR		BETH	LEHEM	STEE	L CORP
17. FATHER'S NAME (First, Middle, Last)			THER'S NAME (FIG			0,00	2 0010
FLOYD JACOBS				ROSE HA				
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Numb			, State. Zin Co	de)	
BLANCHE E. WET	R		SOUTH SNYDE					1 AND 210
20a. METHOD OF DISPOSITION		20b. PLACE AND DATEO	F DISPOSITION (Name of	D	ATE 20c. LO		-	
1 Donation 5 Other (Specify)	lemoval from Stata	OAK LAUN (EMETERY 1-	-15-1992				MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0						
>/ h. / s.	1/40		DUDA-RUC	CK FUNER	AL HOME	OF D	UNDA	LK INC.
1 work	1/02	1	1 /922 WIS	SE AVENU	E DUNI	UALK M	ν	21222
23. PART I. Enter the diseasea, ahock, or heert failu	or complications that cause on	sed the deeth. Do no	ot enter the mode of d	lying, such as c	erdiec or reepi	retory arrest	,	Approximate Interval Between
IMMEDIATE CAUSE (Final	ΔΔ Ι Ι	. 0	4 1					Onset and De
disease or condition resulting in death)	. Metast	ATE Y	rostate	CArcin	OMA	-		
	DUE TO (OR A	S A CONSEQUENCE OF):					
Sequentially list conditions,	ь							
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):					
CAUSE (Disease or injury	C							
thet initiated events resulting in death) LAST	DOE TO (OR AS	S A CONSEQUENCE OF):					
	d							
PART II. Other significant condi	tione contributing to deeth	but not recuiting in	the underlying cause	given in Part i.	24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDIN
					PERFOR	MED?	AM	ILABLE PRIOR TO MPLETION OF CAUSE
					1 TYES 2	₽ No	DF	DEATH?
							1 [YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28 81 405 05	DEATH (Check only				
EXAMINER?	HOSPITAL:		OTHER:					
27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/O		4 Nursing Home 5 1					
1 Natural 5 Pending	(Month, Day, Year		RY WORK?		EŞCRIBE HOW IN	JURY OCCUR	ED	
2 Accident Investigation 3 Suicide 9 Could not	28a PLACE OF IM III	IRY — At home, term, st	M 1 YES 2					
4 Homicide 8 Could not determined	Dullding, atc. (S)	pecify)	reet, ractory, office	28f. Li	CATION (Street arty or Town, State)	nd Number or F	Rural Floute	Number,
200 CERTIFIED								
(Check only	HYSICIAN: To the best of my known	owledge, death occurred	d at the time, data and place	e, end due to the	cause(a) and mani	ner as stated.	_	
2 MEDICAL EXAM	MINER: On the beals of examinat	tion and/or investigation	, in my opinion, death occ	ured at the time, de	sta end placa, and	dua to the ca	iuse(a) and	f manner as stated.
296. SIGNATURE AND TITLE OF CERTI	FIER O		29c. LK	CENSENUMBER		29d. DATE SI	QNED (Mai	nth, Day, Year)
11 4 6	de lovex	2 m.D. 1	Stown UX/8	un)		> /	12/	92
1 4 -			1/3/			' /	1-1	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)					
				BA	1 timon	e 7	12-2	ō
		1 S. H	anoven st	BA	1 timor	e z	123	o
Chris de Bor	32. REGISTRAR'S SIG	1 S. H		BA	1 timor	ez	12-3	0



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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200 0000 0000 0000000000000000000000000	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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296. SIGNATURE AND TITUE OF CERTIFIER

39. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 179/92 DAY Linel . , Angus Jackson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9/9/50° 217-50-9009 t/E M 2 □ F Md. 41 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1202 Cherryhill Rd. DIRECTOR (Home) Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. # LIMITS? Baltimore. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1202 Cherryhill Rd. # C 21225 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES NO Specify: BY 3 Widowed Divorced Specify: Afr. American COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra-Elementery/Secondery (0-12) College (1-4 or 5+) Teacher School System notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James O. Jackson Leslie E. Jackson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Cleo Walker 1102 Cherryhill Rd. Balto. Md. 21225 Apt. D be 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State 1 #Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) Arbutus Mem. Park Z Arbutus, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Place Balto, Md. medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Fine) Onset end Death the disesse Dr condition resulting in death) event, 0 ed traumatic CERTIFICATION Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 6 injury. PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuss given in Pert I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? апу PERFORMED? 1 YES 2 100 Shows 1 - YES 2 - HO 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 . Nursing Home 5 Residence 8 . Other (Specify) 50 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — Al home, lerm, streel, lectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined COMPLETED 28 4 Homicide ltem! 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29e, CERTIFIER

tion end/or investigation, in my opinion, death occured at the time, date end piace, end due to the cause(s) and menner as stated.

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29c. LICENSE NUMBER

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FOR STATE REGISTRAR

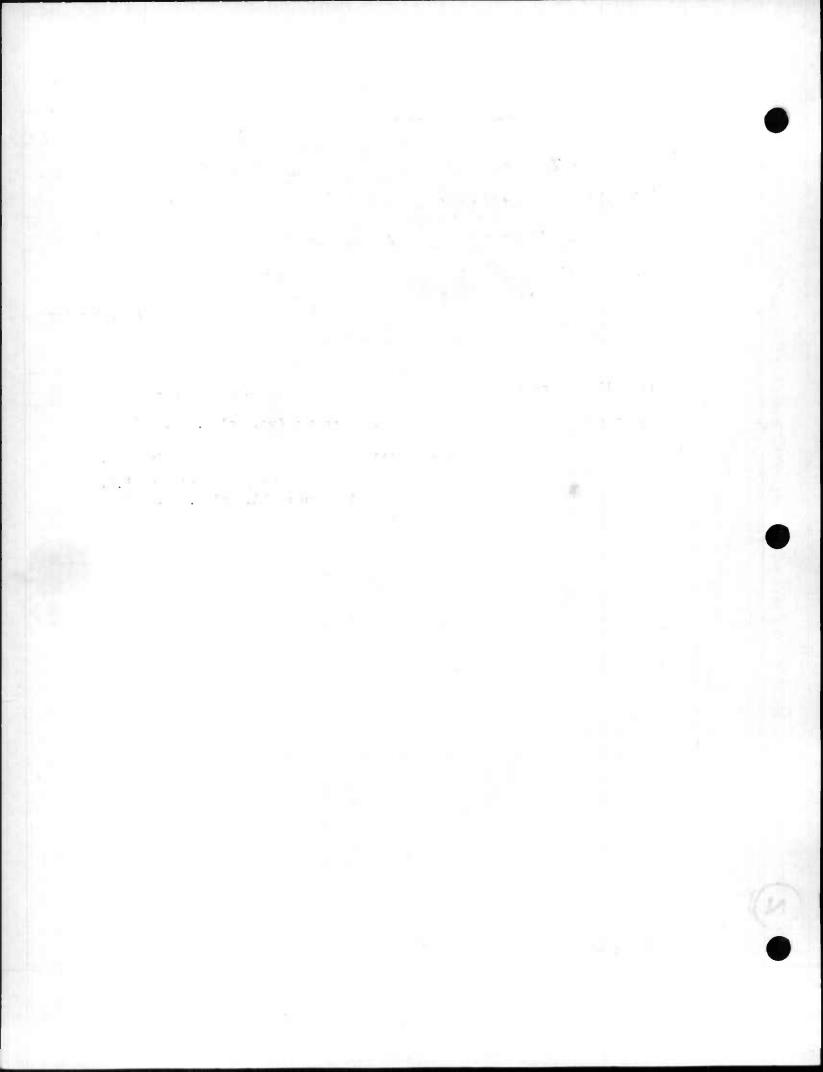
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VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING DUVELOIAN: The law sounders that doors confidence he manded utility to
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Ε. (LOUIS) LEWIS JOHNSON 01 05 1992 1:37 PM 4. SOCIAL SECURITY NUMBER 5 SEV 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 68 1 XM 2 | F HOURS 9 26 23 229 18 4084 MARYLAND burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2559 W. FAIRMOUNT AVE 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES TONO
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY ALERO AMERICAN 3 Widowed 4 Divorced use as the COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest be detached for Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED SHIPYARD INDIST? 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden, Surname)
MAGGIE SAUNDERS GEORGE A. JOHNSON notified at BE page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSEDALE STREET BALTO, MD 21216 JAMES E JOHNSON 1021 N. 2 20e. METHOO OF DISPOSITION
1/E Buriel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE! 20c. LOCATION — City or Town, State must director, CEMETERY1- OBALTIMORE, MARYLAND 4 Donation 5 Other (Specify) BALTIMORE NATIONAL examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ESTEP BORTHERS FUNERAL HOME 1300 EUTAW PERCET MI the BALTIMORE, MARYLAND 21216 medical 23. PART i. Enter the discusses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. ysician and completely filled in by prior to burial, cremation, or remo Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition a. ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): resulting in death) traumatic event, CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) been signed by the attending physician it, of Health and Mental Hygiene prior to if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 0 injury, PART il. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE shows any PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO certificate has be PHYSICIAN: 23 INQUIRY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2X XER/Outpetient 3 | DOA OTHER: 6 g Home 5 Residence 6 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) marked, 27. MANNER OF OFATH this co 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending Investigation BY М 1 YES 2 NO After death Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d 90 6 Could not be 4 Homicide 28 R 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. COMPL FUNERAL Within 72 I (Check only one) HOSPITAL IMPORTANT: If 2XXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 01-05-1992 2 O.C.M.E. COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) . PERETTI 111 PENN STREET BALTIMORE MARYLAND 21201 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN			U I L
	1. DECEDENT'S NAME (Figs, Middle, Lest) Page J	ac Residu.	Jackson		2. DATE OF DEATH MONTH	9	YEAR 3. TI	G 45 F
	4. SOCIAL SECURITY NUMBER 220-63-664	5. SEX 6. AGE (In yrs.	VRS. IF UNDI	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	Character Character to	6	BIRTHPLACE Country)	E (State or Foreign
CTOR	9a. FACILITY HAME (If you Institution, give	street and number)	9b. CIT	altimore	DEATH	9c. oqunt	V OF DEATH	ore.
DIREC	Maryland Ba	ltimore	10c. CITY, TOWN	OR LOCATION Utemore	,		10d.	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2 5 / LU 11. MARITAL STATUS	lly Street	1362	101. ZIP CODE 2/2	- /		N OF WHAT	COUNTRY?
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. CORCES? 1 YES # [IF YES, GIVE WAR OR OATES	ARMEO 13	WAS DECENOENT OF HISF If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)		Black, White Specify:	merican indien, ia, atc. merical
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	CATION 16a. College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUS		
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Purcell	Jackson			NAME (First, Middle, Maiden rtrude	Yates		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs Edith (Cooper	19b. MAILING ADDRES	S (Street and Number or Run Monastery Av	al Route Number, City or Tox	vn, Stete, Zip Co	1229	
	20a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Ran 4 Donetion 5 Other (Specify)	Ced	E AND DATE OF DISPO Crematory of other place)	Br	ooklyn	, Md.	inte
	21. SIGNATURE OF FUNERAL SERVICE LI	1. Estap	22	Estep Broth	Pl. Balto.	1 Home	P.A. 21217	
notes the modes of the medical right, or other traumatic event, the medical CERTIFICATION	immediate cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONS c. PROLUME OUE TO (OR AS A CONS d. HY PLICE	EQUENCE OF):	ot-	Heart.	fail		Interval Betw Onaet and Do
N: MEDICAL C	PART II. Other significant condition	a contributing to death but no	t resulting in the u	nderlying cause given i	n Part I. 24a. WAS AN PERFOI	RMED?	AVAIL/ COMP OF DE	AUTOPSY FINDINABLE PRIOR TO LETION OF CAUS EATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient	OTHE					
РНҮ	27. MANNER OF OEATH 1 Natural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OE\$CRIBE HOW I	NJURY OCCUP	REO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, tarm, street, tac	1 YES 2 NO	26t. LOCATION (Street City or Town, State)	and Number or	Rural Route N	umber,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of my knowledge,	death occurred at the	time, data and place, and do	ue to the cause(a) and me	oner as stated.	ense(e) and s	nenner en eleter
8	29b. SIGNATURE AND TITLE OF CERTIFIE		naver	29c. LICENSE N			IGNED (Month	
07	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH IT	EM 27) (Type, Print),	120 u 2	ecours	H	DAR	Mal
	31. OATE FILED (Month, Day, Year) JAN 14 1992	32. REGISTRAR'S SIGNATURE	lass.					



ng physician the building permit	- CONTROL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use in the handless that the battle and what Hygiere prior to build, cremation, or removal. IMPORTANT: If then 28 is marked on them 23 shows any living or other parameter the marked as account.	al most be mounted at once.
be executed within 24 nours after death. Pacian and completely filled in by the funeral of or to burfal, cremation, or removal.	מימים מפתוחות מימים וופחולים מעשווונים
The law requires that the death certificate te has been signed by the attending physis tte Dept. of Health and Mental Hygiene pin and 23 ethruse and Initiary or other times.	and the state of t
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene pito to burlat, removal.	The state of the s

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REASTRAR'S GIGNATURE THINGARD

MENATOVEX

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY MARY ALICE JONES 92 6:28 PM 09 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 2-18-1912 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign VIRGINIA 138-34-5659 1 M 2 XXF 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES NO MARYLAND BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5507 BLAND AVENUE 21215 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 YES Specify: BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 5TH GRADE HOME MAKER N/A HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) CHARLES BROOKS MARY ALICE BROOKS BE TOIL INFORMANT'S HAME (Typic/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Gode) 2 EUNICE JEAN SMITH 615 S. MARLYN AVENUE BALTIMORE, MARYLAND 21220 20a. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, Sista 20b. PLACE AND DATE OF DISPOSITION (Name of ... DATE DAK LAUN CEMETERY 1-13-1992 BALTIMORE. MARYLAND DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List pniy one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** diseese or condition resulting in deeth) CARDIAC
DUE TO (OR AS A CONSEQUENCE OF): CORONARY CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO ENCEPHALOPATH COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 THO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TYES 2 1 1 Inpellent 2 ER/Outpetlent 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Day, Year) 1 Natural N/A (0:28 PM 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City pr Town, State) 28e. PLACE OF INJUSTY — At home, lerm, street, factory, office 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. 29d. DATE SIGNED (Month, Day, Year) MID

201 E. UNIVERSITY

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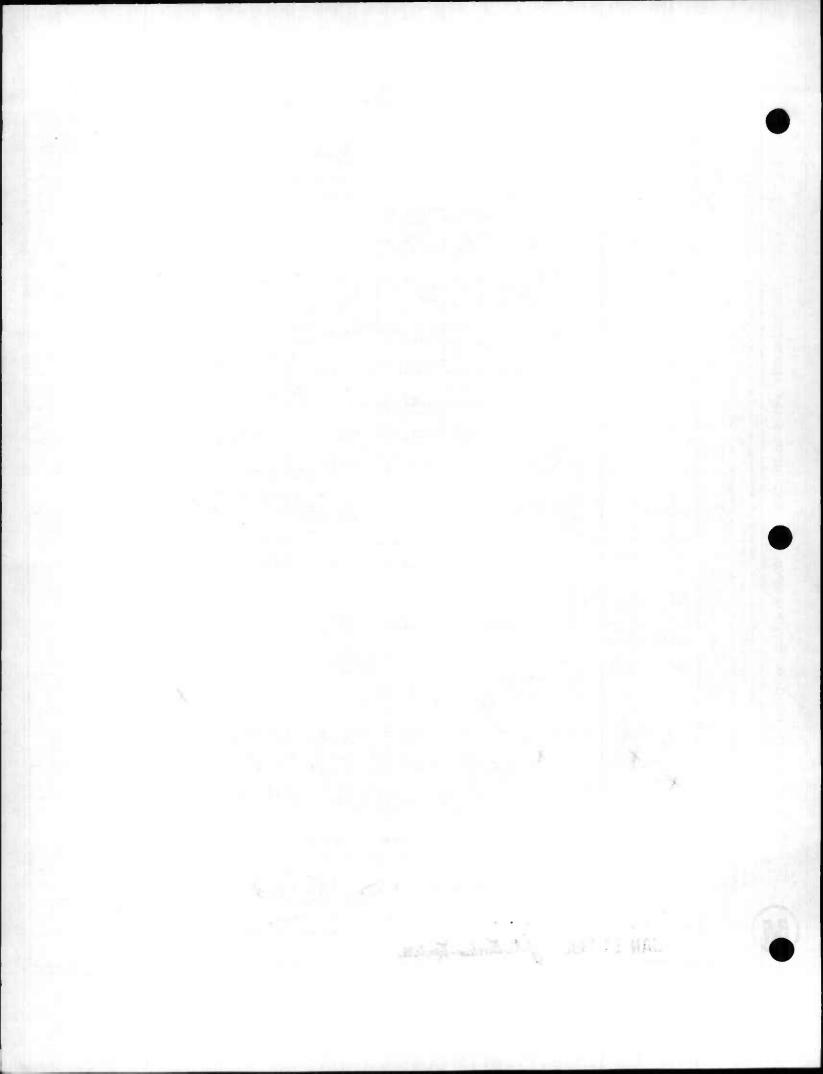
MD 21218

TO THE HOSPITAL OR ATTENDING PI TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death v IMPORTANT: If Item 28 is mark

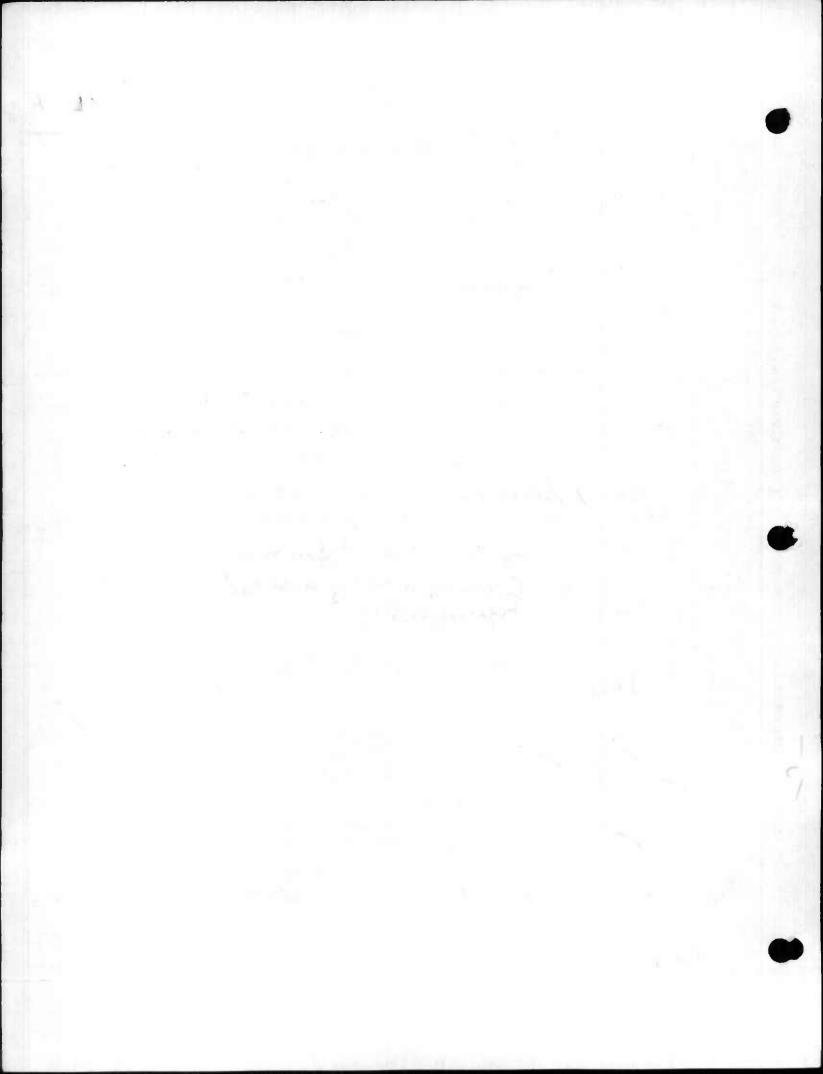
m.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ALEMBING FITTERMY. THE LAW TEQUIES THAT THE DEATH DETRINGED BE EXECUTED WITHIN 24 HOURS AFRE DEATH. PAGE 6 MAY DE FETANGED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	burial-t	
Dulpu	as the	
or atte	nse	
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CINIC.	ertifica he Sta	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF I	WARYLAND	/ DEPAR	RTMEN	T OF H	IEALTH DE A	AND I	MENT	AL HYGIEN REG. NO	92 E	0	0614
	1. DECEDENT'S NAME (First	Middle, Last)						DLA		2. DAT	E OF DEATH		-	3. TIME OF DEATH
	John	L.		KEYS						Jan	Tary f	2 1	992ª	11:10pm. M
	4. SOCIAL SECURITY NUMBER 215-03-4918		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		a. BIRTI	HPLACE (State or Foreign
	9a. FACILITY NAME (If not in		ina.	A) A					22-190			to., Md.		
DIRECTOR	Franklin So	uare H					time		ON OF DE	EATH			altin	noreCounty
EC	10a. STATE	10b. COUNTY			10c. CIT	y TOWN	OR LOCAT	TON						
H	Maryland	Balti	more Cou	inty	Balt	,								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER							. ZIP COD	E			10a. CI	TIZEN OF V	1 YES 2 NO
ER	3114 Parkto	wne Ro	ad					212	34				S.A.	WINI GOOM IN
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 X						WAS DEC	ecify Cuba	n, Mexica	n, Puerto	IN? (Specify Yes Rican, etc.)			E — American Indian, k, Whita, atc.
		EDENT'S EDUC											Whit	te
COMPLETED	(Specify onl) Elementary/Secondary (0	/ highest grade	completed) College (1-4 or 5	(0	ECEDENT'S Give kind of a e. Do NOT us	work done	during mos	ON st of workin	ng	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
MP	8th Grade			Su	pervi	isor				I	inen T	nrea	d Con	mpany
8	17. FATHER'S NAME (First, MI	,,									Middle, Maiden	Sumame)		
BE	Charles H.								cy Se					
10	19a. INFORMANT'S NAME (7) Verna Marie			3	114 E	ark	s (Street at	ROE	or Rural F	Route Num	imore,	Mar	ip Code) Vlanc	1 21234
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completery, capitally or other place) Cardens of Faith 20c. LOCATION — City or Town, State 1/15 Baltimore, Maryland													
	21. SIGNATURE OF FUNERAL		m, be	uph	ulis c	JC	name an	. Mi	Hei	ciuty	nc.			ryland 21206
	23. PART I. Enter the di endck, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	rait lailula. L	Acut	ea on each fin	itoni	tis	r tha mod	da of dyl	ing, suci	h aa ca	rdiac or raspin	ratory ar	rest,	Approximate interval Between Onset and Daath
CERTIFICATION	Sequantially liet condition of the condi	dieta NG		(OR AS A CONSE										
ERTI	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.													
MEDICAL	Renal failure Performed? NAMIL COMMOP PROPERTY NO OF D									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO	MEDICAL												
2	EXAMINER?		HOSPITAL:	enin State a	<i>E</i> 3	OTHE	R:	ACE OF DI						
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF	ER/Outpetlent 3	26b. TIMI		sing Home 26c, INJU		sidence :			Him oo		
ВУ Р	1 Natural 5 🗆 F	Pending nvestigation	(Month, De		INJ		WOF		NO	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
- 11		Could not be letermined	26s. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, fact	tory, office			28f. LOC City	ATION (Street as or Town, State)	nd Number	r or Rural A	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	IAN: To the best of ax	my knowledge, de aminstion and/or	sth occurre	d at the t	ilme, data a	and place,	and dua	to the ca	use(s) and mann	ner aa atst	ted. na cause(a)	and manner as stated.
TO BE	296. SIGNATURE AND TITLE	-Boow		Games	er o	2	>	29c. LICE	NSE NUM	BER	2	29d. DAT	E SIGNED	2/92

Paiboon Surichamorn, M. D., 9000 Franklin Square Drive, Baltimore, Maryland 21237 14 1992



DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

OR FATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
EDENT'S NAME (First, Middle, Last)	BECCA R	2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	MENT OF H	EALTH AND I	MENTAL HYGIE		00010
1. DECEDENT'S NAME (First, Middle, L LEWIS, R		R			2. DATE OF DEATH MONTH	DAY 9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-14-0270 96. FACILITY NAME (If not institution, g	1 🗆 M 2 🕽 F	(In yrs. lest birthdey) (TYRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 5 - 1 9	24 B	TINPLACE (State or Foreign nity) ALTIMORE
UNIVERSITY RESIDENCE OF DECEDEN	HOSPITAL		BALTI	MORE	EATN	9c. COUNTY OF	DEATH
	UNTY	10c. CITY	BALTII	10 R E			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2232 LINDEN	AVENUE		101	21217		USA.	WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 XNO	If yes, sp	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.) /:	Ble	CE - American Indian, ack, White, etc. Black
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	EDUCATION trade completed) College (1-4 or 5+)		SEWIFE	N st of working	16b, KIND OF B	USINESS/INDUSTRY	
17. FATNER'S NAME (First, Middle, Lest) RICHARD HAI		HOU	SEWIFE		ME (First, Middle, Maide A BRAXTO		
19a. INFORMANT'S NAME (Type/Print) CHARLIE F. 1 20a. METHOD OF DISPOSITION		2232	LINDEN	AVENUE	Route Number, City or To	MORE, M	
1 Buriel 2 Cremetion 3 1 4 Donetion 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE	Removal from State cam	ARBUTUS	CEMET	ERY D ADDRESS OF FA	1-15-92 AF		IARYLAND
- Clark	2100	J	1913 W.	BALTIMOR		MD. 21223	E, P.A. ; P.O. BOX 4433
23. PART I. Enter the diseases, shock, or heart failu immediate cause (Final disease or condition resulting in death)	a. PESP	consequence of			n aa cardiac or raa	piratory arrest,	Approximata Interval Batween Onset and Daath
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR AS A	consequence of	nufer	(10	C94)		6 wel.
PART II. Other algnificant conditions of the con		ut not rasulting ir	the undarlying	cause given in		PRMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Che	ock only one)		/ 4
	1 Inpstient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	IRY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURED	
2 Accident investigation in a control of the contro	be 28a. PLACE OF INJURY building, alc, (Spec	— At home, larm, st			28f. LOCATION (Street City or Town, State	and Number or Rura 9)	Route Number,
2 MEDICAL EXAM	NYSICIAN: To the best of my knowl						(S) and menner es stated.
29b. SIGNATURE AND TITLE OF CENTS 30. NAME AND ADDRESS OF PERSON	many "	Mesid	Se l	29c. LICENSE NUN		29d. DATE SIGNE	O (Month, Day, Year)
MARCELLA 31. DATE FILED (Month, Day, Year)	WOZNIA	k u	MMS	Neuvol	m 22	27	ele
IAN 1 / 1002	32. REGISTRAR'S SIGNA	R. C.			Ba	G MB	51501



JAN I TIERZ JOSEPHINE TO AL

BALTIMORE, MARYLAND 21203-3146	ers after death. Page 6 may be retained by the hospital or attending physician,	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in fleed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ers after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - REGISTRAR		ARYLAND / DEPA CERTII						REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) CECIL EGE	NOTS	LYNTO	N				2. DATE MONTH	OF DEATH	9	YEAR 3.	TIME OF DEATH
	SEX	8. AGE (In yrs. last birthday 87 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	DE BIRTH Day, Year) L-1904		8. BIRTHPLA Country) Panan	ACE (State or Foreign
99. FACILITY NAME (If not Institution, give stree 26 Langley Rd.	t and number)			Y, TOWN	OR LOCAT	ON OF O			9c. COUN	timor	H
26 Langley Rd. RESIDENCE OF DECEMENT 100. STATE Md. Balti	imore	10c. C	Esse		TION					"	d. INSIDE CITY LIMITS? YES 2X NO
100. STREET AND NUMBER 26 Langley Rd. 11. MARITAL STATUS 1 Never Married 2 Married				10	2122	-			10g. CITIZ		T COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES XX NO R OR DATES	13	If yes, sp	ENOENT Cub	ın, Mexica	ιπ, Puerto F	? (Specify Ye lican, etc.)	s or No—	14. RACE — Black, W	American Indian, Thite, atc.
15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) Unknown 17. FATHER'S NAME (First, Middle, Last)		16a. OECEOENT (Give kind of life. Do NOT	f work done use retired.	OCCUPATI a during me)	ON ost of world	ing	1 233		nt Mar		
17. FATHER'S NAME (First, Middle, Last) David L. Lynton								Middle, Melder rie Ta			
190. INFORMANT'S NAME (Type/Print) Robert Mann								d. 210	vn, Stata, Zip 093	Code)	
20a. METHOD OF OISPOSITION 1 Buriel 2 X Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE OF OISP other place) Green Mon	OSITION (I	Vame of ce	metery, cre	matory or		20c. L	Balto.		State
21. SIGNATURE DE FUNERAL SERVICE LICEN	Flaw.	Maron	B1	adle	NO ADDRI	ss of FA	Fun	eral	Home,	INc.	Md.21222
23. PART I. Enter the diseese, or cor ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one caus	e on each line.	not ente	- Mac	ode of dy	ring, suc	ch as cere	liac or reep	olratory arm		Approximate interval Betwee Onset and Dea
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (C	OR AS A CONSEQUENCE	of):	sur	Ca	ndie	Nasa	when	dise	rac.	
PART il. Other aignificant conditiona	contributing to d	leath but not reaultin	g in the o	underlyir	g cauee	given in	Part i.	24a. WAS A PERFO	RMED?	CC	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
	IOSPITAL:	F9/Quitnetlant 3 / 00A	ОТН	ER:	1		heck only or				YES 2 NO
Manufacture 2 Laurend	1 Inpatient 2 ER/Outpatient 3 OOA 4 Nursing Home 5 Residence 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO				28d. OE\$CRIBE HOW INJURY OCCUREO						
3 Suicide 8 Could not be 4 Homicide determined							ATION (Street or Town, State	and Number	or Rural Rou	te Number,	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	-	ny knowledge, death occu imination end/or investiga									nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER					200 110	ENSE NU	MBED		294 DATE	SIGNEO (M	lonth, Day, Year)

AVE. ,

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31. DATE FILED MONTH Day 164 992

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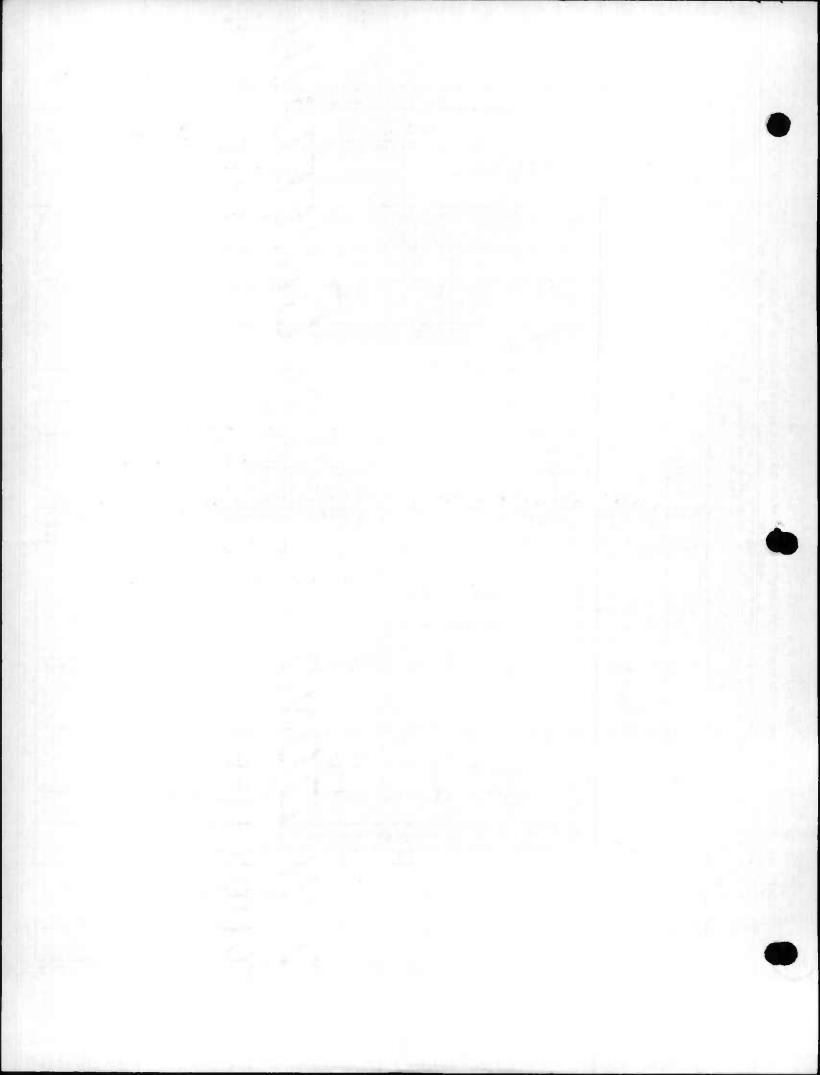
Felice Strong BOHATURE TILLER

2112

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

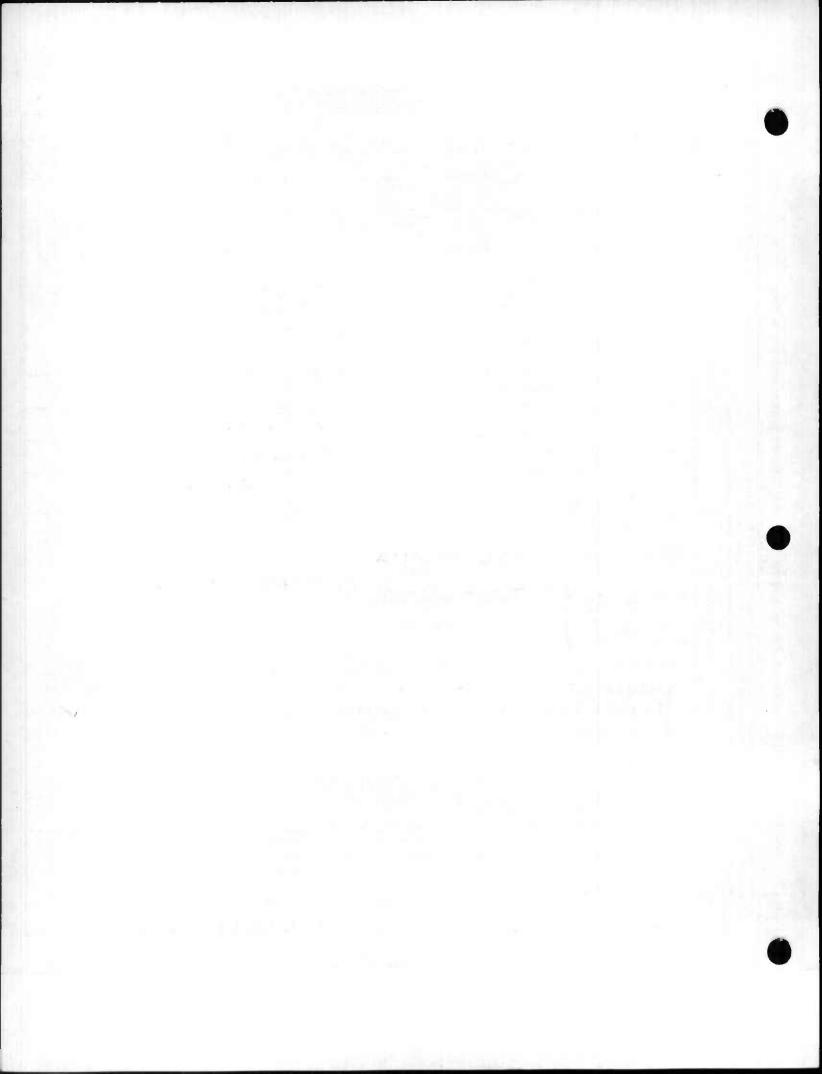
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BALTO.,



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN	1/	0618			
	1. DECEDENT'S NAME (First, Middle, Last) CEAL M	LEVIN	(CECELI	A MYRA	LEVIN)	2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-42-6318	1 M 2XXF	(In yrs. lest birthday) 82 yrs.	IF UNDER 1 YEA		7. DATE OF BIRTH (MODELLY MORE)	1909 a. BIRT	HPLACE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give SINAI HOSPI RESIDENCE OF DECEDENT				N OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATN			
DIRECTOR	10a. STATE 10b. COUNT	Y		Y, TOWN OR LO				10d. INSIDE CITY LIMITS? THY YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 6101 PARK HTS			101. ZIP CODE 21215			10g. CITIZEN OF WHAT COUNTRY? USA				
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATE:				ANIC ORIGIN? (Specify Yea en, Puerto Rican, etc.) illy:	or No 14. RAC Blac Spec	E — American Indian, ck, White, etc. city: WHITE			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)		USUAL OCCUPY work done during se retired.)	most of working		SINESS/INDUSTRY T HOME				
BE CO	17. FATHER'S NAME (First, Middle, Lest) LIPMAN YANK				ANN	AME (First, Middle, Maiden NA JACOBSON					
10	19a. INMRSTJUDITHFCAL	ES ESTABLISHED	196. MAILING 1155	HILLSB	or one Number or Rurel	APT. 210	n, State, Zip Code) HILLSBOR	33062 O BEACH, FL			
	20. METHOD OF DISPOSITION 1 Charles 2 Cremellon 3 Removal from Stale 4 Donellon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Comments of Comment										
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lewi		6010 R	EISTERSTO	BROS., INC.		1215			
	IMMEDIATE CAUSE (Final	complications that caused List only one cause on as	ech line,		node of dying, suc	ch as cardiac or reapi	ratory arrest,	Approximate intervel Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMED? AMALANI F PRIOR TO MALANI F PRIO										
PHYSICIAN: MEDIC	HYPERTE			LURE	0	1 _ YES 2	77	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATN (C)	, , , ,					
BY PHYS	27. MANNER OF DEATN Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT VORK?	8 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCUREO				
	3 Suicide 8 Could not be building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, end due to the cause(a) end menner as stated. Description one of the cause(a) and menner as stated.										
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 1000 MD 29c. LICENSE NUMBER 29d. DATE SIGNED (MOR										
	30. NAME AND ADDRESS OF PERSON WN SFFM A 31. DATE FILED (Month, Day, Year)	SOON M	TURE	SIN	AI HO	SPITA	LB	ALTIMORI			
	JAN 14	1992 Julia L	Tavidson-Ro	indelle							

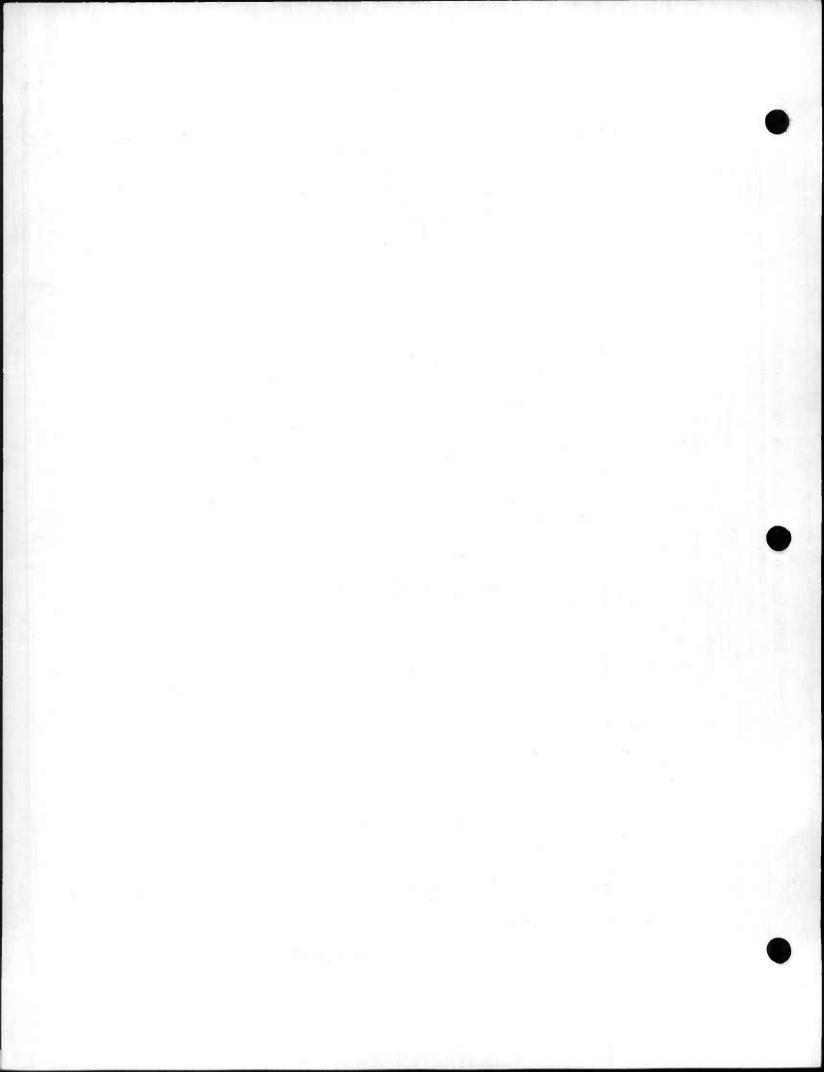
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DHMH- t6 Rev 1/89

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	After this certificate has been signed by the attending physician and completely filled in by the funeral dire	
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ING	After	
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	1 - STATE REGISTRAR			DERTIF					NTAL HYGIEN REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last) Annette	Lipit	2	(ANNE	TTE L	IPS	ITZ)		DATE OF DEATH	ey 19	YEAR 92	9130 P
	4. SOCIAL SECURITY NUMBER 216-05-9908	5. SEX 1 M 2XXF	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS. 7.	DATE OF BIRTH	.909		MARYLAND
9a. FACILITY NAME (If not institution, give street and number) ST AGNES HOSPITAL BALTIMORE BESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DECEDENT								TY OF DEA	ATN			
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD		MORE	10c. CIT	Y. TOWN O	UNS	VILLE	<u> </u>				0d. INSIDE CITY
2 - 4	10e. STREET AND NUMBER 711 ACADEMY	DOAD				101	r. ZIP CODE	1228		10g. CITIZ	EN OF WH	YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 travidowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. I YES 2 MAR OR DATES	ARMED X10		yes, sp	ENDENT O	F NISPANIC C	PRIGIN? (Specify Ye uarto Rican, etc.)		14. RACE Black,	- American Indian, White, atc. WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondery (0-12)	JCATION e completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	work done d	uring mo	ON est of workin	9	AT HO		JSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN KOCH 19. INFORMANY'S NAME (Resolvin)								Firs FOHS Melder			
2	198. INFORMANT'S NAME (Type/Print) MAURICE OFFIT 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2330 W. JOPPA RD. SUITE 110 LUTHERVILLE, MD 210 240 PLACE AND DATE OF DISPOSITION											
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Secrity)		20b. PLAC cometeny BET	H ISA	AC' AI	ATH	ISR		13-92 BA		RE,	, State MD
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cat	raa on aach III	na.						fratory arre	est,	Approximate Interval Batwe Onset and Da
ERTIFICATION	disease or condition resulting in death) a. SpScA with Pneumonia DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST d. ONSEQUENCE OF):											
: MEDICAL C	PART II. Other significant condition	resulting	in the unc	lerlylng	g cause g	Iven in Part	I. 24a. WAS AN PERFOI	RMED?	A C	ERE AUTOPSY FINDING (AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		0.57.001	OTHER		100	ATH (Check o				
У РНУ	27. MANNER OF OEATN 1 Natural 5 Pending Investigation	26a. DATE OF (Month, D	INJURY	28b. TIM		86c. INJU	URY AT	28d	Other (Specify) DESCRIBE NOW I	NJURY OCCI	JREO	
TED B	3 Suicide S Could not be determined	home, ferm,	traet, facto	ry, office		281.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OMPLE		ICIAN: To the best of ER: On the basis of a:										nd manner as stated
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		tore					NSE NUMBER			SIGNED (M	onth, Day, Year)
5	30. NAME AND AGORESS OF PERSON WI	HO COMPLETED CAUS	SE OF OEATH (IT	EM 27) (Type,	Print)						/ //	•
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	Lite	Karida	. 7	and of					



		FOR
1	_	STATE
•		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERITE	CATE OF	DEATH		REG. NO.			
DECEDENT'S NAME (First, Middle, Last) SRUL LUB						JAN I	2, 199	92	YEAR	3. TIME OF DEATH 6:45 AM
SOCIAL SECURITY NUMBER 218-88-6418	5. SEX 1 🔀 💥 2 🗌 F	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	R. 13	, 190	6. BIRTH	PLACE (State or Foreign PUSSIA
e. FACILITY NAME (If not institution, give to MILFORD MANOR		HOME			OR LOCATION OF D	EATH		9c. COUNT BAI		MORE
DESIDENCE OF DECEDENT 10. STATE 10b. COUNT 10b. COUNT	Υ			TOWN OR LOCAL						10d. INSIDE CITY LIMITS? 127 YES 2 NO
3601 FORDS LA	NE, APT.	306		10	M. ZIP CODE 21215				EN OF V	WHAT COUNTRY?
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	BMED MO	If yes, a	CENDENT OF HISPA pecify Cuben, Maxic S 2-14 NO Speci	an, Puarto Ri	(Specify Yes ican, etc.)	or No I	I4. RACI Blac Spec	E — American Indian, k, While, atc. Hy: WHITE
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		(0	Give kind of w e. Do NOT use	USUAL OCCUPAT rork done during rr e retired.)		16b.	KIND OF BUS	INESS/INDU	ISTRY	
, FATHER'S NAME (First, Middle, Last) NACHUM LUBA	RSKY				18. MOTHER'S N. RUTH	AME (First, M UNKNO		Sumame)		
MRS ETTA LUBAR	RSKY				and Number or Rural					15
De, METHOD OF DISPOSITION	noval from Stale			OF DISPOSITION	N (Name NS - 1-13	1-92		MORE,		own, State
1. SIGNATURE OF FUNERAL SERVICE U	complications that	se on sech lin	8.	6010 not enter the m		ISON &	ROAD I	BALTO	_ M	Approximate Interval Betw
Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE U A CONTROL OF FUNERAL SERVICE U A	complications that List only one cause BUE TO (DUE TO (e on sech line	L M EQUENCE OF	6010 fave free	COL LEVING REISTERS ode of dying, su	ISON &	ROAD I	BALTO	_ M	Approximate Interval Betw
Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE U 23. PART I. Enter the disease, or shock, or heart faller. MMEDIATE CAUSE (Final litease or condition equiting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events equiting in death) LAST	complications that List only one cause B. DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONSE	EQUENCE OF	6010 fave free	SOL LEVIN REISTERS ode of dying, su	ISON &	ROAD I	RAT.TYO ratory arre	M)	Approximate Interval Betwo Onset and Da
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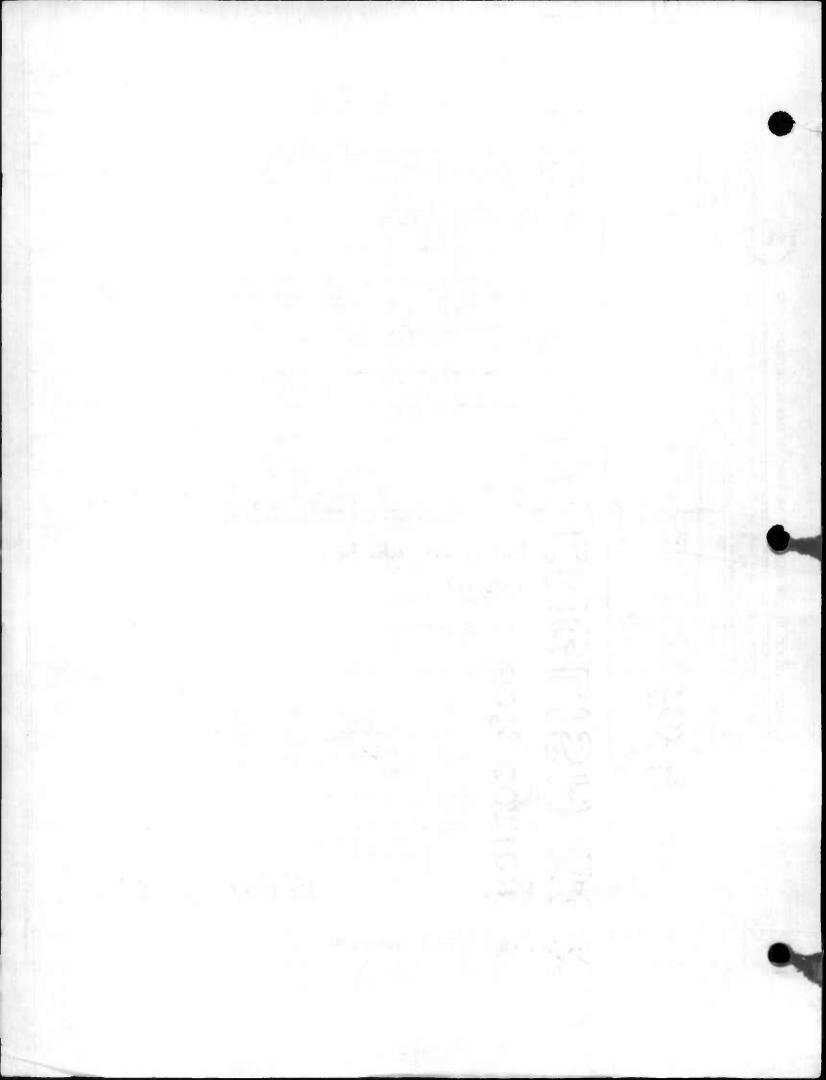
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

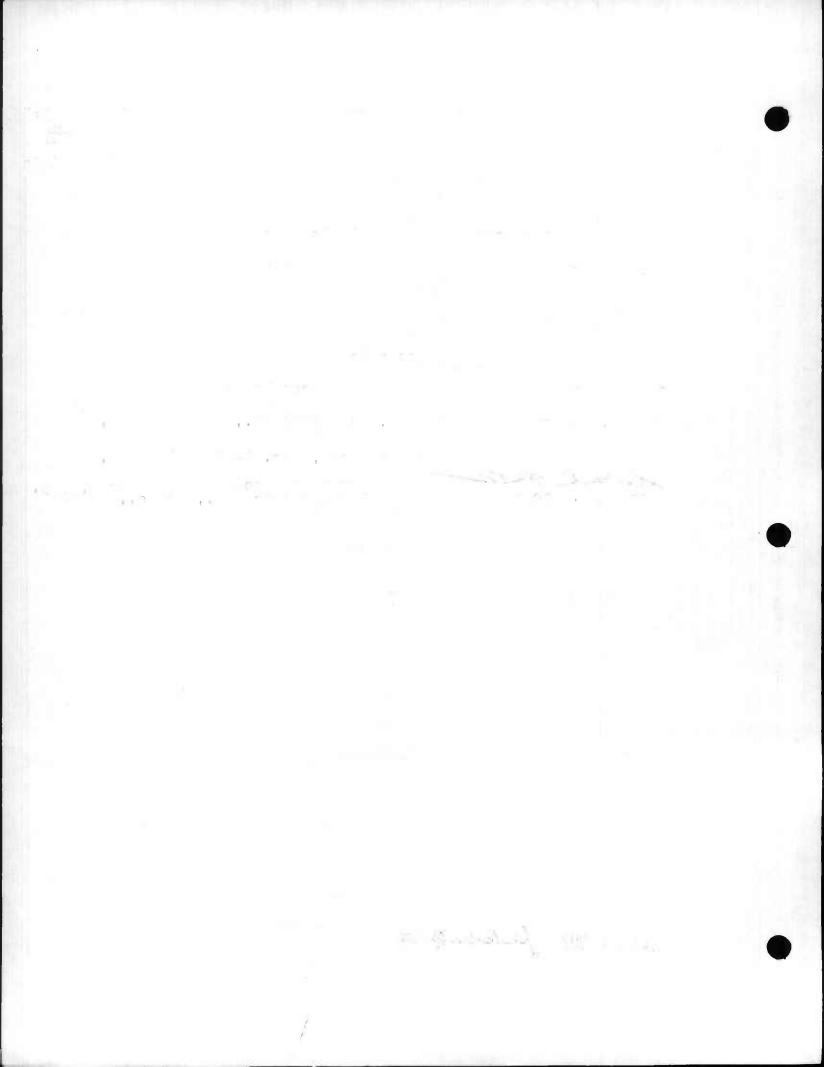


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

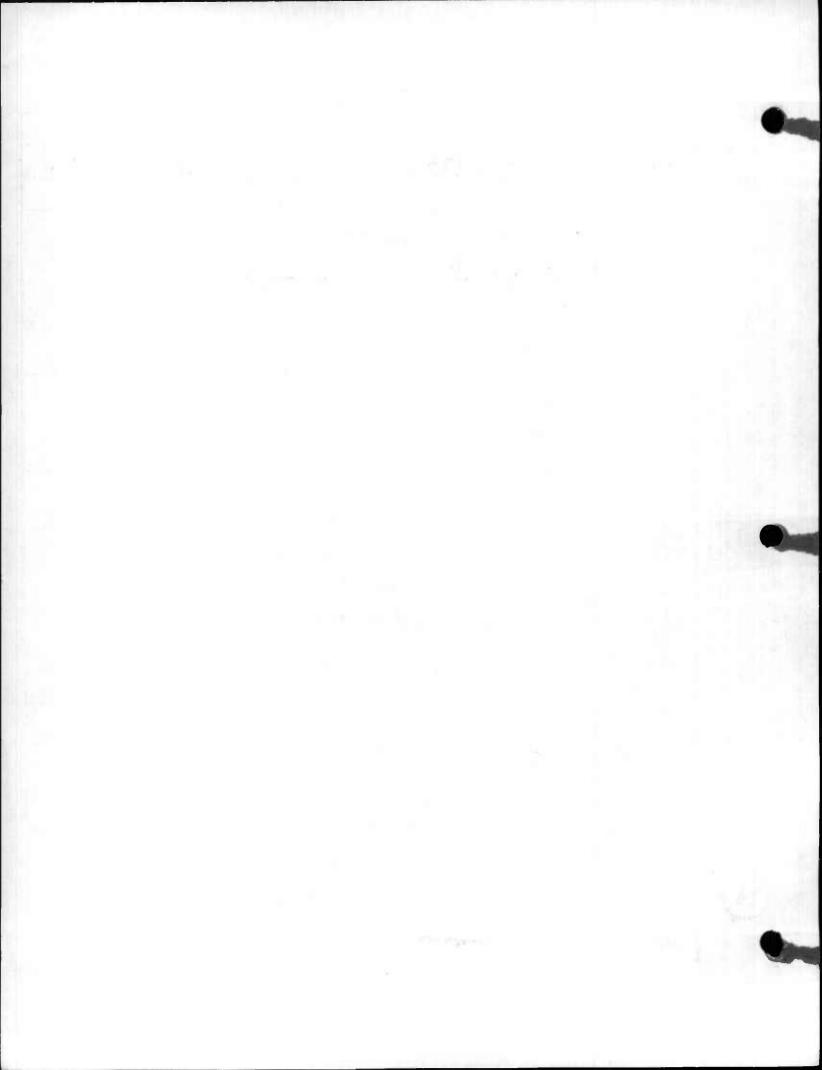
1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGI					
1. DECEDENT'S NAME (First, Middle, Last 4. SOCIAL SECURITY NUMBER	Ln030	seph Lin	dsay		2. DATE OF DEATH	9 -09	47 2 3 3 M			
219-26-4.68	1 ₩ 2 □ F	H YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BHTHPLACETSIAN or Folian Country) West Virginia			
90. FACILITY NAME (If not institution, give street and number) GTO N GUIDN 9-06. CITY, TOWN OR LOCATION OF DEATH THE JOSEPH Richer Hopice Une Bald m. City RESIDENCE OF DECEDENT										
	Baltimore		le Rive	r	10d. INSIDE CITY LIMITS? 1 VES 2 NO					
58 S. Hawthorn			101	ZIP CODE 212	220		en of what country? USA			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S ED	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	if yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specifi	14. RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5 +)	JAL OCCUPATION done during motional.)	NN st of working	-2.4	Autom	STRY				
17. FATHER'S NAME (First, Middle, Last) John Lindsay		Moona	1110	18. MOTHER'S NA	ME (First, Middle, Mail ny Hatfi	den Sumeme)	0 01 7 0			
190. INFORMANT'S NAME (Type/Print) Philip J. Line	dsav	196. MAILING AD	DRESS (Street e	nd Number or Rural I	Poute Number, City or Rd., Mid	Town, State, Zip (iver. MD			
20e. METHOD OF DISPOSITION 1 Burlet 2 X Cremetion 3 Rer 4 Donelion 5 Other (Specify)	noval from State 20b. F	20b. PLACE AND DATE OF DISPOSITION (Name of competant, crematory or other place) Metro Crematory, Inc. 1-12 Baltimore, MD								
21. SIGNATURE OF FUNERAL SERVICE.	CENSEE		22, NAME AN	D ADDRESS OF FA						
23. PART I. Entar tha diseases, or ahock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. SQUAMON DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d.	CONSEQUENCE OF):					Approximata intarval Batween Onset and Daath			
PART II. Other aignificant condition	ns contributing to death but	t not resulting in th	ne underlying	cause givan in	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only con)									
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	8 Other (Specify) 28d. DESCRIBE HO	HOX WINJURY OCCU	1CE RED			
Total National Total Number of Pural Route Number										
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowled	dge, death occurred at	the time, date	end place, end due	to the ceuse(e) end r	nenner ee atated	i.			
296. SIGNATURE AND TITLE OF CERTIFIE		>	, -, -, -, -, -, -, -, -, -, -, -, -, -,	29c. LICENSE NUM			GIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prin	8-104	Johns	Hooking	Horas	Bult 21205			
31. DATE FILED (Month, Day, Year) 1992	3 REGISTIAR'S DIGNAT	Mandall.		24/0//2	Hums	IOSP	puci - laus			





DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	ITENDING PHYSICIAN: The law requires that the death certificate be executed within " s after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8/60,	cuted within 1 and 1 a	d completely filled in by urial, cremation, or rem	ic event, the medic
S, P.O. BOX 6	death certificate be exec	e attending physician and lental Hygiene prior to bu	ury, or other traumat
AL RECORD	The law requires that the	te has been signed by the te Dept. of Health and M	Im 23 shows any Inju
SION OF VII	NDING F	OR: After this certificat fter death with the Star	18 is marked, or ite
	HOSPITAL OR ATTE	FUNERAL DIRECTOR: After this within 72 hours after death with	HTANT: If item 28 is marked,

_	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIENE REG. NO.	00066				
	1. DECEDENT'S NAME (Fig. , Middle, Las	Z ROBERT	LOVE		2. DATE OF DEATH DAY	GYEAR SSIO PM				
	4. SOCIAL SECURITY NUMBER 348329719 9a. FACILITY NAME (If not institution give	M2 DF O	yrs. last birthdey) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Switch Carolin				
TOR	BIM SECOLUS RESIDENCE OF DECEDENT	Hosp. Jal	9b. City	Batti mivé		Ballinere				
DIRECTOR	Maryland Ba	Itimere	Balte	RLOCATION		10d. INSIDE CITY IMITS? VES 2 \(\text{NO} \) NO				
FUNERAL	100. STREET AND NUMBER 1010 W. Bal 11. MARITAL STATUS	timore It		101. ZIP CODE 2/22	3	. CITIZEN OF WHAT COUNTRY?				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO I	WAS DECENDENT OF HISPA yes, specify Cuben, Mexico YES 2X NO Specific		b— 14. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINES	1				
ш	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden Surna	me)				
TO B	19a. INFORMANT'S NAME (Type/Print) MARY L. HUMPHR	RIES	1	(Street and Number or Rural TON CT, BAL	Route Number, City or Town, State	LAND 21229				
	20a. METHOD OF OISPOSITION 1	moval from State cemete MF	LACE AND DATE OF DISPOSE RY, Crematory of other place CTRO CREMATO	TION (Name of	DATE 20c. LOCATIO	N — City or Town, Stata NSVILLE, MD.				
	21, SIGNATURE CE FUNERAL SERVICE L	M. Este	ES		S FUNERAL SER					
	23. PART 1. Enter the diseases, or shock, or mart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused at List only one cause on each of the cause on each of the cause on each of the cause of the caused at	Tic Carcin		h as cardiac or reapiretor	Interval Between				
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	ons contributing to death but		darlying cause givan in		AVAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ont 3 DOA A Num	26. PLACE OF DEATH (Ch : ng Home 5 Residence						
ву РНУ	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be detarmined	mber or Rural Route Number,								
COMPLETED	29a. CERTIFER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN	SICIAN: To the best of my knowled IER: On the basis of examination e	ge, death occurred at the tir nd/or investigation, in my op	ne, date end place, end due Inion, death occured at the	to the cause(a) and menner at time, data and place, end due	s stated. to the cause(a) and menner as stated.				
O BE C	296. SIGNATURE AND TITLE OF GERTIFIC	er up		29c, LICENSE NUI		DATE SIGNED (Month, Day, Year)				
F	MARCOS GA	HO COMPLETED CAUSE OF DEATH		cours Hosp	atul balt.	nel				
	31. DANEDIMONT. 09992	32. REGISTRAR'S SIGNAT	ALUE.	7 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State heart of Health and Mental Horlene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First,	Middle, Last)		/	11	1			2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
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	216-34-	7374	5. SEX 1 M 2 F	. AGE (In yrs. les	YRS.		AYS	IF UNDER 24 HRS. HOURS MIN.		-36	m	THPLACE (State or Foreign Mry) ARVLAND
~	9a. FACILITY NAME (If not in	stitution, give st	reet and number)	10	+	19		R LOCATION OF DE			9c. COUNTY OF	DEATH
6	RESIDENCE OF DEC	7050 (Medica	/ Cen	/er	136	L	TIMO	e E		61	14
HE	10a. STATE	10b. COUNTY	,			, TOWN OR L						10d. INSIGE CITY LIMITS?
₫	Maryland 10e, STREET AND NUMBER	-			Be	alto.		ty,Md.				XIX YES 2 NO
FUNERAL DIRECTOR		1720 E	Byrd St.					21230			US.	WHAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AF	RMED		DECE	NOENT OF HISPAN			r No- 14. RA	CE — American Indian,
B≺	1 Never Married 2	_	FORCES? 1 [IF YES, GIVE WA		NO			cify Cuban, Mexicar 2 NO Specify:		, atc.)	0.00	ck, White, stc.
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COMPLETED	Elementary/Secondary (to 10th.Grad	1-12) le	College (1-4 or 5 +)			rive	~		М.	T.A.		
NO.	17. FATHER'S NAME (First, M	liddle, Last)		1	, as I	TIVE		16. MOTHER'S NAM				
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10	19a. INFORMANT'S NAME (la a sa ta a	19				nd Number or Rural R				
	Mrs. Mary		perto	Took BLACE				St.Bal	to.Md		TION — City or	
	1 X Burial 2 Crematic	on 3 🗆 Rem	oval from State	Glen	Hav	en Me	em.	Park 1	/13			nie, Md.
	21. SIGNATURE OF FUNERA		CENSEE /	1		22. NAI	ME AN	D ADDRESS OF FAC	CILITY	010	212	
	· Varie	10	1. 1/h	lor								E.Fort Ave
	23. PART I. Enter the d ehock, or h		complications that List only one caus			Dt enter th	е тос	de of dying, euch	as cardiec	Dr respire	atory arrest,	Approximate Interval Between
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Z	Sequentially liet condit	tions (. Smok	may								40 y tars
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FI	CAUSE (Disease or Injuthat Initisted events		cDUE TO (OR AS A CONSE	QUENCE OF	7:						
E	resulting in death) LAS	ST	d									
2	PART II. Other significa	ent condition	s contributing to	leeth but not	resulting i	n the unde	rlying	ceuse given in	Part I. 24a	. WAS AN A		4b. WERE AUTOPSY FINDINGS
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HYS	1 NES 2 200		26a. DATE OF I	NJURY	26b, TIM	E OF 26	Sc. INJU	e 6 Residence URY AT			JURY OCCURED	
		Pending Investigation	(Month, Day	y, Year)	INJ	URY M		RK? 'ES 2 NO				
3 Suicide 6 Could not be determined determined						N (Street an wn, State)	d Number or Run	Il Route Number,				
COMPLET	one)		ICIAN: To the best of r									e(a) and manner as stated.
E CC	266. SIGNATURE AND TITLE	E OF CERTIFIE	8				1	29c. LICENSE NUM	ABER	-	29d. DATE SIGN	ED (Month, Day, Year)
0	Timos	2-	J. Ken	- K	2			D37	458		///	10/92
2	30. NAME AND ADDRESS C	F PERSON WH	O COMPLETED CAUSE	E OF BEATH (ITI	EM 27) (Type,	Print)					/	
	31. DATE FILED (Month, Day,	Mont	- 32. REGISTRAF	PE GIONATIES								
		A A I	1000	S SIGNATURE	1. 7	1.20						

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

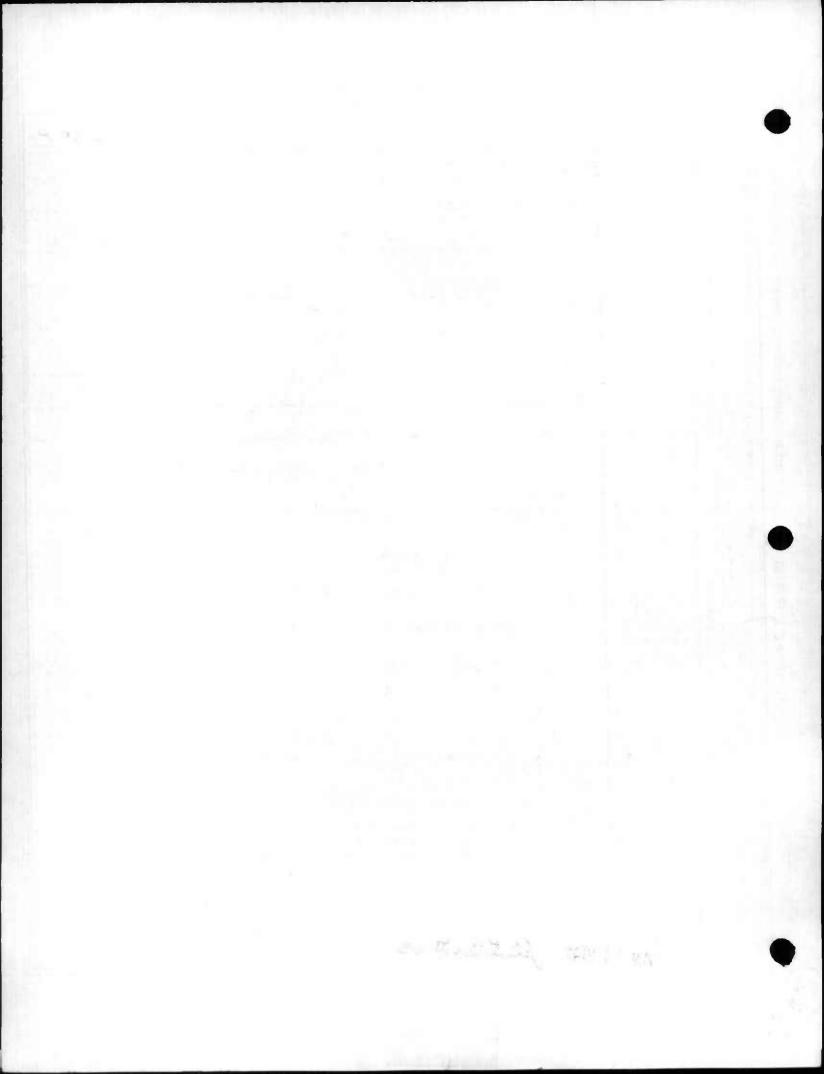
ttending physician. e as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00624

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 92 UU624							
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HOS	MONTH / DAY 15AR 6:50 PM							
	220-18-662/ 1 M 2 XF 94 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Gay, Year) 6. BIRTHPLACE (State or Foreign Country)							
TOR	99. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF PESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF Baldon Baldon	DEATH 9c. COUNTY OF BEATH							
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BULLING BULLING BULLIN	10d. INSIDE CITY							
	10a. STREET AND NUMBER 101. ZIP CODE	1/ YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	3208 Garnin 2121	6 USA							
ВУ	11. MARITAL STATUS 1 Never Merried 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecify Cuben, Mexi 1 YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP If yes, apecify Cuben, Mexi 1 YES 2 NO Specific Cuben, Mexi								
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.]								
00	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N	AME (First, Middle, Maiden Surname)							
BE	Robert H. Nelson Louis								
2	19e, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural 2 2 4 9 9	Route Number, City or Town, State, Zip Code)							
	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of	ud. BAID, md.							
	1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Cremation Other (Specify) Other (DATE 20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF	ACILITY CINVERN HOME							
	Joseph S. Russ Jaseph L. R.	the Aug Ralt G La sale							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, su	ch as cardiac or reepiratory street, Approximata							
	shock, or heert fallure. List only one ceuse Dn eech line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF):	Intervel Between Onset and Death							
NOI	Sequentielly list conditions, The Carellis vascular furling								
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in								
OICAL	pulmonary mass. SVC syndrone	Pert I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: MEDIC	probable sepsis.	OF DEATH?							
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	Post only only							
SIC	HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence								
ву РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WM M 1 VES 2 NO.	28d. DESCRIBE HOW INJURY OCCURED							
COMPLETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
PLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beel of my knowledge, death occurred at the time, date end place, end du								
MO	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the	time, date and place, and due to the cause(e) and menner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU.								
O BE	14	Date Signed (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	11 DATE SHED ALOND DO WAR								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE June Davidson-Kindelle								
	JAN 14/1996 Junior Marian								

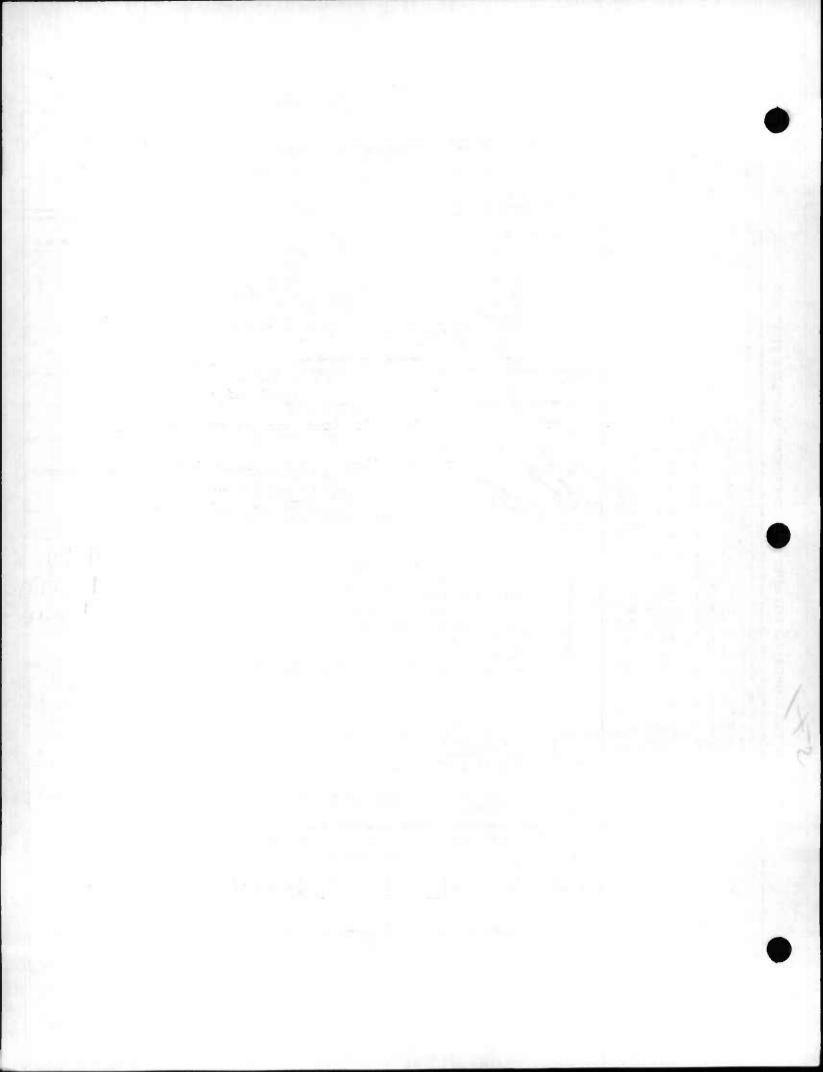


ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after or	OR: After this certificate has been signed by the attending physician and completely filled in by the
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31. DATE FILED (Month, Day, dibar) . 10

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	IMENT OF H	EALTH AND I	MENTAL HYGIEN		00625			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN			
DIRECTOR	EARL GENE LAND	ECK			i - 92	10:15A M					
				IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTN		BIRTNPLACE (State or Foreign			
	350-26-0506 9a. FACILITY NAME (If not institution, give stree	1 X m 2 L 58 Ms.				(Month, Day, Year) 12/21/10	933	Country) Illinois Y OF DEATN			
	GREATER BALTIM		OWSON	AIN		IMORE					
		IMORE	10c. CITY,	10c. CITY, TOWN OR LOCATION COCKEYSVILLE 10d, INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	106. STREET AND NUMBER 118 WARREN ROAL	21030		U.S.	N OF WHAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	ED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Veg or No. 14 PACE America Indian								
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	(Give kind of wo	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.) Customer Service A.T. and T.								
BE CON	17. FATNER'S NAME (First, Middle, Last) Charles		ME (First, Middle, Malden Drieskow	Surname)							
TO E	19a. INFORMANT'S NAME (Type/Print) Michael D. Landeck		oute Number City or Tow Waldorf,								
	20a. METNOD OF DISPOSITION 1 1										
	Dulaney Valley 1-15 Timonium, Md. 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204										
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellura. List only one ceuse on each line.										
	IMMEDIATE CAUSE (Finei diseese or condition resulting in deeth)		Interval Between Onset and Death								
Z		GI B				1 month					
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A	FR			Lyear					
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A									
. 1	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO										
MEDICAL						1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER? HOSPITAL: OTHER:										
H-S	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)										
BY PI	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO										
0	3 Suicide 4 Nomicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER	uto M			29c, LICENSE NUME			GNED (Molyth, Day, Year)			
2	0. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)										



BALTIMORE, MARYLAND 21215-0020

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ODE IN ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	INFERM. UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached f		ANT II ham 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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death.	funera		exami
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24 ho	filled	ment 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.	he m
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	FOR STATE REGISTRAR)2 Om	STATE OF I	MARYLAN	D / DEPAR Certif					MENT	AL HYGIEN REG. NO	92	00	1626	
Documents.	1. DECEDENT'S NAME (First, Middle, Last) ANNA MINOR ANNA (P.) MINOR									2. DATE OF DEATH			YEAR	3. TIME OF DEATH	
TOR		215-40-0344 5. SEX 1 ☐ M 2 🂢 F			8. AGE (In yrs. last birthdey) 71 74 YRS.		DAYS	HOURS	IF UNDER 24 HRS. 7, DATE (Mon. 3		ATE OF BIRTH 2/20/20 8.			PLACE (State or Foreign N.C.	
	9a. FACILITY NAME (# not institution, give atreet and number) THE JOHNS HOPKINS HOSPITAL							MORE		EATH		9c. COUNTY OF OEATH BALTIMORE CITY			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY 10c. CF				ry, town on location								10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
FUNERAL		100. STREET AND NUMBER 1130 E. 20th STREET					101. ZIP CODE 21218					10g. CITI		HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES												— American Indian, Whita, atc.		
COMPLETED	(Specify onl	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				DECEDENT'S US "AL OCCUPATION (Give kind of work done during most of working life. Do NOT use in fred.) DMESTIC					16b. KIND OF BUSINESS/INDUSTRY				
BE CO	17. FATHER'S NAME (FIRST, M WILLIAM MA							18. MOT HAT	MOTNER'S NAME (First, Middle, Majden Sumame) HATTIE GREENLEE						
0	ARDELL E.	HARRIS			196. MAILING 1130 E	ADDRESS . 20	s (Street a	nd Number	or Rural I	ALTI	MORE, N	n, Stete, Zip 1D 21	218		
	4 Donatton 5 Other (Specify)					TEMOR	DEMORIAL PARK DATE 20C. LOCATION — City of TO ARBUTUS, MD						rn, Stata		
	· Une 852 Cray WM.C.							C.MARCH F.H./1101 E. NORTH AVE.							
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Pulmonary Edema Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of):									Approximate Interval Between Onset and Death 1 week 5 years					
EHIL	CAUSE (Disease or Injury that initiated events reaulting in desth) LAST oue to (or as a consequence of):														
PHTSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting						In the undariying cause given in Pa				t I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Name 5 Residence 8 Other (Specific)														
Dr Phr	27. MANNER OF OEATH 1 Netural 5 2 Accident	INJURY ay, Year)	URY 28b. TIME OF 28c. INJURY AT			28d. DESCRIBE NOW INJURY OCCURED									
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, so building, stc. (Specify)									CATION (Street and Number or Rural Route Number, or Town, State)					
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and pleca, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.														
O BE C	296. SI PLATERING AND TYPE OF CENTIFIER KINS I ALLISON M.D.)	29c. LICENSE NUMBER					29d. OATE SIGNED (Month, Day, Year)			
	K ALLIS	M	110 Ton	IER	(ITEM 27) (Type,		OLF	E:	ST	BAL	-TO-	MD	2	205	
	JAN 14	992	32. REGISTRA	R'S SIGNATUR	ndell.										

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DIVISION OF VITAL RECORDS,	0
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	e	00027	
	1. DECEOENT'S NAME (First, Middle, Last) MILDRED	Ε.		MORR		2. DATE OF DEATH MONTH DATE OF THE DATE OF	y 9 ^Y 2	3. TIME OF DEATN 7:59 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE 1 M 2 X F	_	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 5-2-1928	8. Bi	RTHPLACE (State or Foreign buntry) // IRGINIA	
TOR	9a. FACILITY NAME (if not institution, give standard or standard or standard or standard or standard or standard or standard or standard or standard or standard or standard or standard or standard or standard or standard				RE CIT		9c. COUNTY O		
DIRECTOR	MD . 10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEMBER EVER IN U.S. ADMED 10. WAS DECEMBER EVER IN U.S. ADMED								
ĕ.	11. MARITAL STATUS 1 Married 1 Merried 2 Married 3 Wildowed 4 Divorced 12. Was OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto 1 YES 2 NO Specify:						S	ACE — American Indian, leck, Whita, atc. pecify: LACK	
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	N it of working	16b. KIND OF BUS			
BE CON	17. FATNER'S NAME (First, Middle, Last) RANDOLPH MORRI	S			18. MOTHER'S NA ELMORE	ME (First, Middle, Maiden : MORRIS	Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print) DORIS CHRISTIA	N				Plante Number, City or Town			
examiner must be notified at once. TO BE COM	20a. METNOD OF DISPOSITION OC Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) MT . ZION CEMETERY DATE 20c. LOCATION — City or Town, State BALTIMORE, MARYL								
	21. SIGNATURE OF FUNERAL SERVICE LICE	- P. B	non	JOSEPH		IN JR. FUNE		4E, P.A. 4433 21223; P.O. BOX	
event, the medical	23. PART I. Enter the diseases, or cahock, or hasrt failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ather	d tha death. Do not ach lina.	t anter tha mod	le of dying, suc	h as cardiac or reaping	atory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequantially flat conditions, If any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? PERFORMED? OF DEATH? 1 YES 2 NO								
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2X ER/Outp		THER:	CE OF OEATN (Che	8 Other (Specify)			
TED BY PHY	27. MANNER OF DEATN Natural 5 Pending Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME (DF 28c. INJL WOR 1 Y	RY AT	28d. OEŞCRIBE HOW IN	JURY OCCURED		
LETED	3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	eet, factory, office		281. LOCATION (Street or City or Town, State)	d Number or Run	Il Route Number,	
SE COMPLETED	MEDICAL EXAMINER	IAN: To the best of my knowl : On the bests of exemination	ledge, death occurred n and/or investigation,	at the time, date in my opinion, de	and place, and due	to the cause(s) and manr time, data and place, and	er as stated. due to the caus	e(s) end menner as stated,	
TO BE	26. SIGNATURE AND STILE OF CENTRALIA 26. NAME AND ADDRESS OF PERSON WNO				O . C .		29d. DATE SIGN	EO (Month, Day, Year) 05/92	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TPENN		,BALTI	MORE, MAR	YLAND	21201	
1 1	IAN 1 / 1002	32. REGISTRAR'S SIGN	A. ONE						

Given and we as

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	MY 1	/EAR	TIME OF DEATH
١,	SARAH MARIE 4. SOCIAL SECURITY NUMBER	MALER 5. SEX	A 405 C				1 11		92	
Н	217-26-2535	1 M 2 X F	6. AGE (In yrs. 86	YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 10-6-05		Country)	ACE (State or Foreign ylvania
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNT		4
	Greater Baltimon	re Medica	1 Cent	er	Tows	on		Balt	imor	e
1	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION			10	Dd. INSIDE CITY
ŀ	Maryland Baltimore Lutherville									YES 2 NO
ı	31 Othoridge Ro	a.				10f. ZIP CODE 21093		U.S		AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 X NO Specify	HC ORIGIN? (Specify Yan, Puarto Rican, atc.)	a or No — 14	Black, W	American Indian, Vhite, etc.
ŀ	15, DECEDENT'S EDU	ICATION	16a.	DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU		White	e
ľ	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of ville. Do NOT us House		most of working	Own Ho			
ľ	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Meiden	Surname)		
ŀ	Elijah 19a. INFORMANT'S NAME (Type/Print)	Van	dermar]			Sarah		vis		
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth M. Hook 133 Dublin Dr. Lutherville, Md. 21093									
Ī	20s. METHOD OF DISPOSITION 1 [X Burlel 2] Cremetion 3] Rem	20b. PLAC		OF DISPOSITION			CATION - CIT		, Stata	
ŀ	4 Donation 5 Other (Specify)	reults 1	New	Cathe	dral			ltimor	e, M	d.
l	· Eal Z.	Pana	3/		Ruc		Funeral Holling Towson,			
	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LOCALISE (Disease or injury that initiated events resulting in death) LAST									
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d. Cond	V-FCS	200	iddian	woods				
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Conc	restral	t resulting i	n the underly	ng cause given in	Part I. 24s. WAS AN	ALITOPSY	24b WF	THE AUTOPSY EMPLIANCE
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. Conc	restral	t resulting i	MOION n the underly	ng cause given in	Part I. 24s. WAS AN PERFOI	RMEO7	OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL	d. Conc	restral	t resulting i		ing cause given in	PERFOI	RMEO7	OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	. Conc	death but no		26. OTHER:		PERFOI 1 YES 2	RMEO7	OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Contributing to HOSPITAL: 1 Ainpatient 2 28e. DATE OF (Month, De	death but no	3 DOA	26. OTHER: 4 Nursing N. E OF URY M 1	PLACE OF DEATN (Che ome 5 Residence NJURY AT VORK? YES 2 NO	PERFOI 1 YES 2	NO NO	CO OF 1 [AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
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	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Sinpetion 2 28a, DATE OF (Month, Date of Month, Date o	ER/Outpetient NJURY y, Year) INJURY — At the (Specify) my knowledge, aminetion and/o	3 DOA 28b. TiMt INJt home, farm, a death occurre or investigation	26. OTHER: 4 Nursing No E OF	PLACE OF DEATN (Che	PERFOI 1 YES 2 1 VES 2 1 VES 2 2 VE	NJURY OCCUR	AWO CO OF 1 [] 1	MPLETION OF CAUSE DEATH? YES 2 NO Person No.
	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 298. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADORESS OF PERSON WHO	HOSPITAL: 1 Sinpetion 2 28a, DATE OF (Month, Date of Month, Date o	ER/Outpetient INJURY V, Year) FINJURY — At the (Specify) Try knowledge, amination and/outpetient and/outpetie	3 DOA 28b. TiME INJI home, ferm, a death occurre or investigation	26. OTHER: 4 Nursing No. EOF 28c. II MY 1 Itreet, lactory, off d at the time, de n, in my opinion,	PLACE OF DEATN (Che ome 5 Residence NJURY AT YORK? YES 2 NO lice te and place, and due death occured at the course of the	PERFOI 1 YES 2 1 VES 2 1 VES 2 2 VE	NJURY OCCUR	Rural Route Buse(a) an	All ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Mumber, d manner as steted.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and Completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Denr. of Health and Mental Rivinee prior to burial cremation or exempts. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - STATE REGISTRAR		SIAIE UF I	MAHYLAND /			F HEALTH		MENT		E		
1. DECEDENT'S NAME (First	, Middle, Last)					DI DEA		2 DAT	REG. NO.			3. TIME OF DEATH
HERBE	RT MAR	K MOULSE	ALE					MON			YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YE	AR IF UNDER	24 HBS	7 DAT	E OF BIRTH			PLACE (State or Foreign
212-03-7517		1 XM 2 F	85	YRS.		WE HOURS	MIN.	(Mo.	nth, Day, Year) 22-06		Country	2
9e. FACILITY NAME (If not in		reet end number)	- 00		Sh CITY TO	WAY OB 1 OCATA	ON OF D		22-00		Mary.	
St. Joseph	Hospi				-	TOWS ON				9c. COUNTY OF DEATH Baltimore		
RESIDENCE OF DEC	10b. COUNTY											
Maryland		timore			y, town on L thervi						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 24 N	
10e. STREET AND NUMBER						10f, ZIP CODE	F			100 00717		HAT COUNTRY?
421 Fox Ch	apel D	r.					1093 U.S.A.			HAI COUNTHY?		
11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES			NO	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Blec T YES 2 X NO Specify: Spec			14. RACE Bleck, Spec#y Whi	American Indian, White, etc.				
15. DEC	EOENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL OCCU	PATION		16	Sb. KIND OF BUS	INESS/INOU		
Elementary/Secondery (0		College (1-4 or 5	-)		work done during the retired.)	g most of workin	g		Trucki	na		
17. FATHER'S NAME (First, M	iddle, Last)				1,,		IEDIO MA	145 (5)				
Joseph	Mon	ulsdale					nora		, Middle, Maiden :		rward	9
19e. INFORMANT'S NAME (7)			400	MAH ING	ADDRESS (C)							1
Anna Mary		ale	191						mber, City or Town			93
20e. METHOD OF OISPOSITE		vat from State		ANDDATEC	OF DISPOSITION					CATION — C	_	
4 ☐ Donetion 5 ☐ Other	(Specify)		Parkw	rood	Ceme te	ry		1-	14 Park	ville	. Mc	3.
21. SIGNATURE OF FUNERAL	L SERVICE LICE	INSEE	./		22. NAM	E AND ADDRES	S OF FA	CILITY				
· Hu	an	all			Ru 10	.ck Tow 50 Yor	son k Ro	Fund	eral Ho owson,	me, 1	Inc.	L
23. PART I. Enter the di	seesea, or co	omplications tha	t caused the de	sth. Do n	ot enter the	mode of dyli	ng, suc	h aa ca	rdiec or raepir	atory erre	at,	Approximate
iMMEDIATE CAUSE (Findisease or condition resulting in death)	ai	Alsh	ermens	4	isea	21						Interval Between Onset end Death
		ор€ то	(OR AS A CONSEC	DUENCE OF	ን:							
Sequentially list conditi if any, leading to immediate. Cause. Enter UNDERLY	flate	DUE TO	(OR AS A CONSEC	DUENCE OF	j:							
CAUSE (Disease or inju		DUE TO	(OD 40 4 00)									
that initieted evente resulting in death) LAS		502 10	(OR AS A CONSEC	DUENCE OF	·):							
	d.											-
PART il. Other aignifica	nt conditions	contributing to	death but not re	aeuiting i	n the underi	ying ceuse g	ivan in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS
ASCVD								_	PERFORM 1 TES 2			MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO		HOSPITAL:	ES/Outpetient 2	_ pos	OTHER:	B. PLACE OF DE						
27. MANNER OF DEATN		28e. DATE OF		26b. TIME		Nome 5 PRes	eldence			at time :		
	Pending nvestigation	(Month, Di		INJU	JRY	WORK? YES 2	NO	26d. DE	SCRIBE NOW IN	JURY OCCL	RED	
	Could not be letermined	28e. PLACE Of building.	FINJURY — At horetc. (Specify)	me, term, si	treet, tectory, o	office		26f. LOI City	CATION (Street er	d Number o	r Rural Roi	ita Number,
290. CERTIFIER 1 CERTI	FYING PNYSIC	AN: To the beat of	my knowladaa da	oth coo :-	d at the at-	data as to t	200					
(Check only one) 2 MEDIC	CAL EXAMINER	On the basic of ex	amination end/or is	nveatigation	n, in my opinio	n, death occurs	end due	to the ca	use(e) end mann e and place, end	due to the	i. couse(e) :	and manner as ateted.
296. SIGNATORE AND TITLE		1				29c. LICE						
Saux	tour	he	ar	0		A	66 3			Page DATE	SIGNED (A	Aonth, Day, Year)
Barry Jose		completed caus								· · · · · ·		
31. DATE FILED (Month, Day,)												
	IAN 1	4 1992	SIGNATURE DA	vidsor	-Adnoses	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

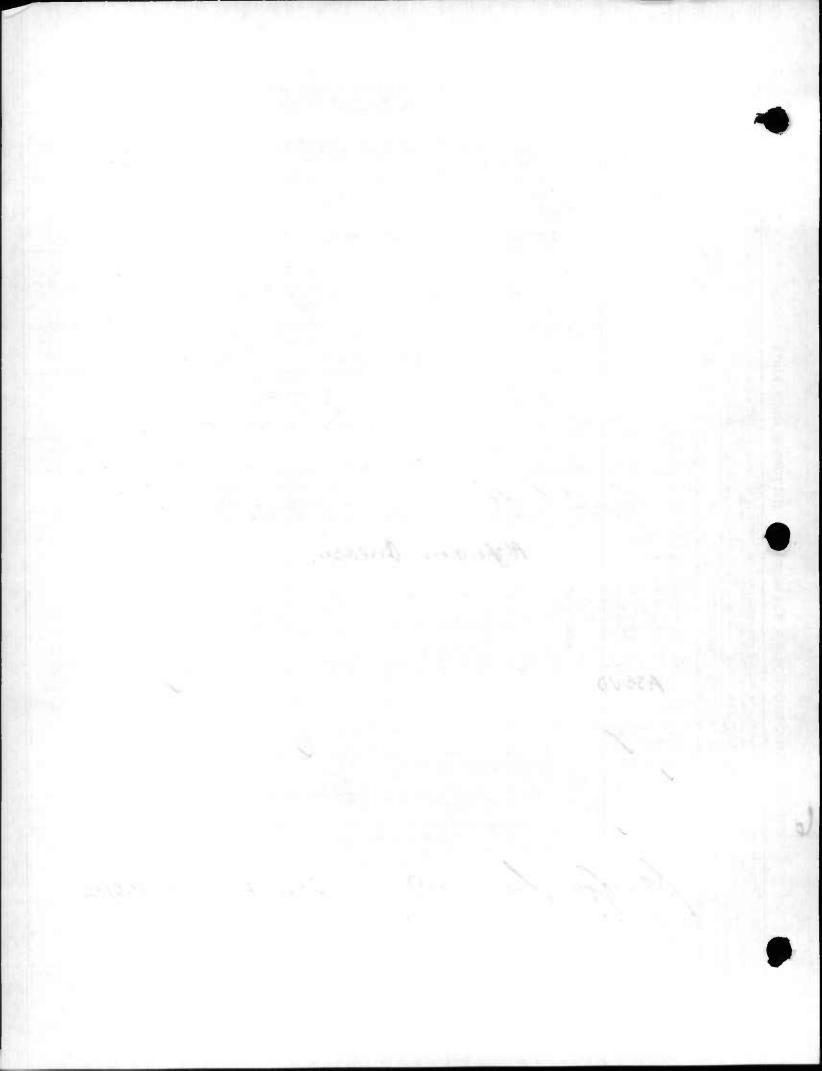
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21203-3146

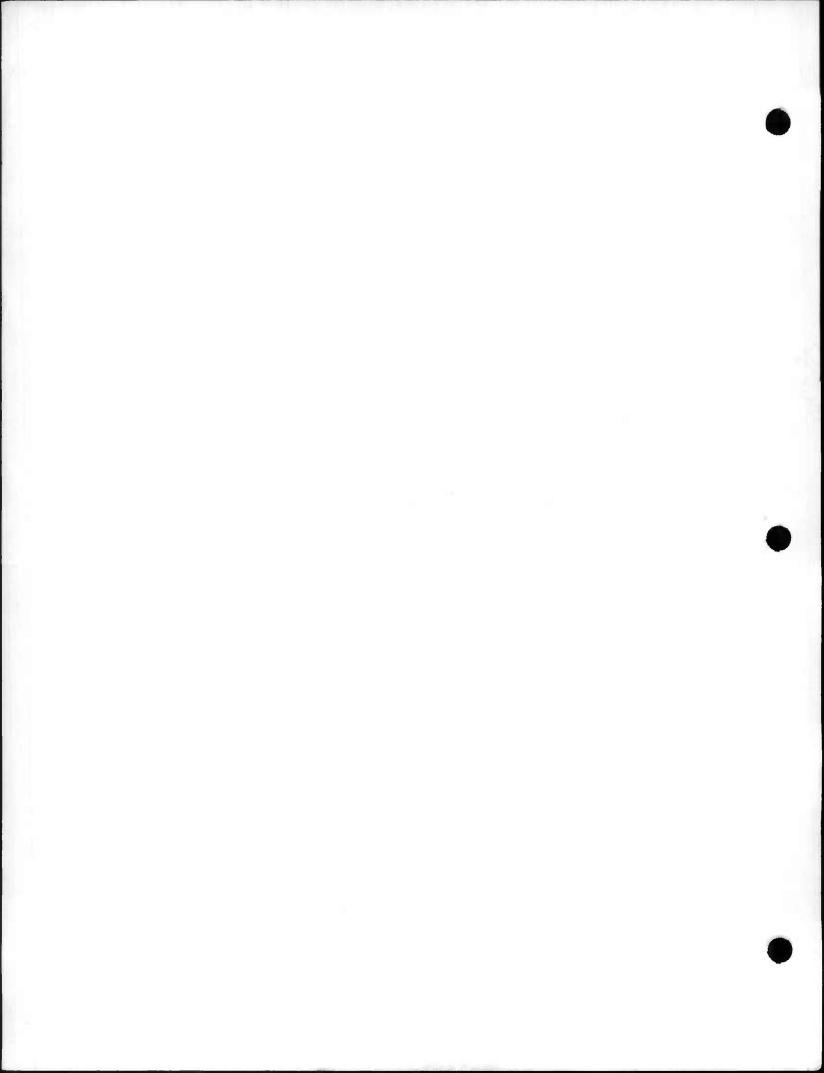
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	<u>.</u>		CERTIF	ICAIL	- OF	DEAL	11	, r	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	· Dob	ort Era	ncis Mar	MON.				2. DATE OF	DAY		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	6. SEX		s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF E	1()	14	8:20 P M
	719-10-4523	1 🕅 M 2 🗆 F	81	YRS.	MONTHS	DAYS	Hours	MIN.	(Month, Da	y, Year)		Countr	γ)
	9e. FACILITY NAME (If not institution, give si		<u>0T</u>		ah CITY	TOWN (OR LOCATIO	ON OF DE	11/22	10	90 COU	NTY OF O	ZLAND
œ	VA MEDICAL CENTER	arout end numbery											
DIRECTOR	RESIDENCE OF DECEDENT				FORT HOWARD BAI					LTI	10RE		
<u>≅</u>	10a. STATE 10b. COUNTY	1		10c, CIT	10c. CITY, TOWN OR LOCATION 10d. INS					10d. INSIDE CITY LIMITS?			
声	MARYLAND			BA	BALTIMORE				1 X YES 2 NO				
	10a. STREET AND NUMBER						. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	1318 WALKER AVENUE	Ε						2123	39		US	SA	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED					IIC ORIGIN? (S n, Puerlo Rica		or No-	14. RACI	E — American Indian, k, White, etc.
BYF	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE I	MAR OR OATES				2 XNO			1, 416.)		Spec	
		1943-194							1				HTE
ᄪᅵᄪ	15. DECEDENT'S EDU (Specify only highest grade		160	(Give kind of life. Do NOT u	work done	during mo	ON ast of working	10	16b, KII	ID OF BUS	INESS/IN	DUSTRY	
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Ř	17. FATHER'S NAME (First, Middle, Last)			SHILL 12	ALLU M	MAN	, -	HEDIO NA	ME (First, Midd	l- Maldan I	0		
	GEORGE MANGET	2					18. MOT	WINN		e, Maloen i	sumeme)		
盟	19e. INFORMANT'S NAME (Type/Print)			T 105 MARI IN	ADDRES	C /Street	and Mumba		N.L.L. Route Number,	City or Town	State 76	n Codel	
유	Leslie Whitney								rettsvi				
			20b. PL	ACE OF DISPO								_	own, State
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	oth	rkwood			/14/9						Maryland
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	mitten	I Wall	yes	night Jr	L	.eonai	d J.	Ruck	Inc. 53	05 Ha	rford	Road	21214
-	23. PART I. Enter the diseases, or		_	- P>		10.				Value Ca		12.5	Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Fine)	List only one ca	on each	line.			,			,		,	Interval Between Onset and Death
	reaulting in death)		DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions,	bCHRONI	C BRAI	IN SYNI	ROME								
Ĕ	if any, leading to immediate cause. Enter UNDERLYING			NSEQUENCE O		DTAI	71.4111.0	. MITT	TIME				
CERTIFICATION	CAUSE (Disease or Injury	c. NON IN		DEPENI NSEQUENCE O		DIA	SEIES	MEL	11112				-
Ē	that initiated events resulting in death) LAST		(0		.,								
B		d											
- 1	PART II. Other algnificant condition	na contributing to	death but	not resulting	In the U	nderiyir	g cause	given in	Part I. 24	a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									1	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
ME									_				1 - YES 2 - NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	neck only one)				
YSI	1 TYES 2 X NO	1 Inpatient 2			4 X Nu	rsing Ho		esidence	6 Other (S				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending	28e. DATE O (Month,	F INJURY Day, Year)	29b. Til	ME OF	W	JURY AT ORK?	_	28d. DESCR	IBE HOW I	NJURY O	CCUREO	
ВУ	2 Accident Investigation	00 - DI 405	OF IN HERY		M.		YES 2	NO		DAI (701			5
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	i, etc. (Specify)	At home, farm,	atreet, fac	tory, offi	Ce			own, State)		er or Hural	Route Number,
COMPLETED	29e. CERTIFIER				_								
AP.	(Check only						evenion.						n common second
Ö	2 MEDICAL EXAMIN		examination e	nd/or investigat	ion, in my	opinion,	death occu	ired at the	time, date an	d place, an	nd due to	the cause	(e) end manner ee stated.
ш	296 SIGNATURE AND TITLE OF CERTIFIE	R A					29c. LIC	ENSE NU	MBER		29d, OA	TE SIGNE	D (Month, Day, Yeer)
TO B	Claver	7	res	22								1	/10/92
-	30. NAME AND ADDRESS OF PERSON WI												
	DR AARON GREEN, MD)., VA ME	DICAL	CENTER	, FI	HOV	VARD,	MAR	YLAND	2105	2		
	31. DATE FILED (Month, Day, Year)	32. REGISTE	IAR'S SIGNATU		0.00								
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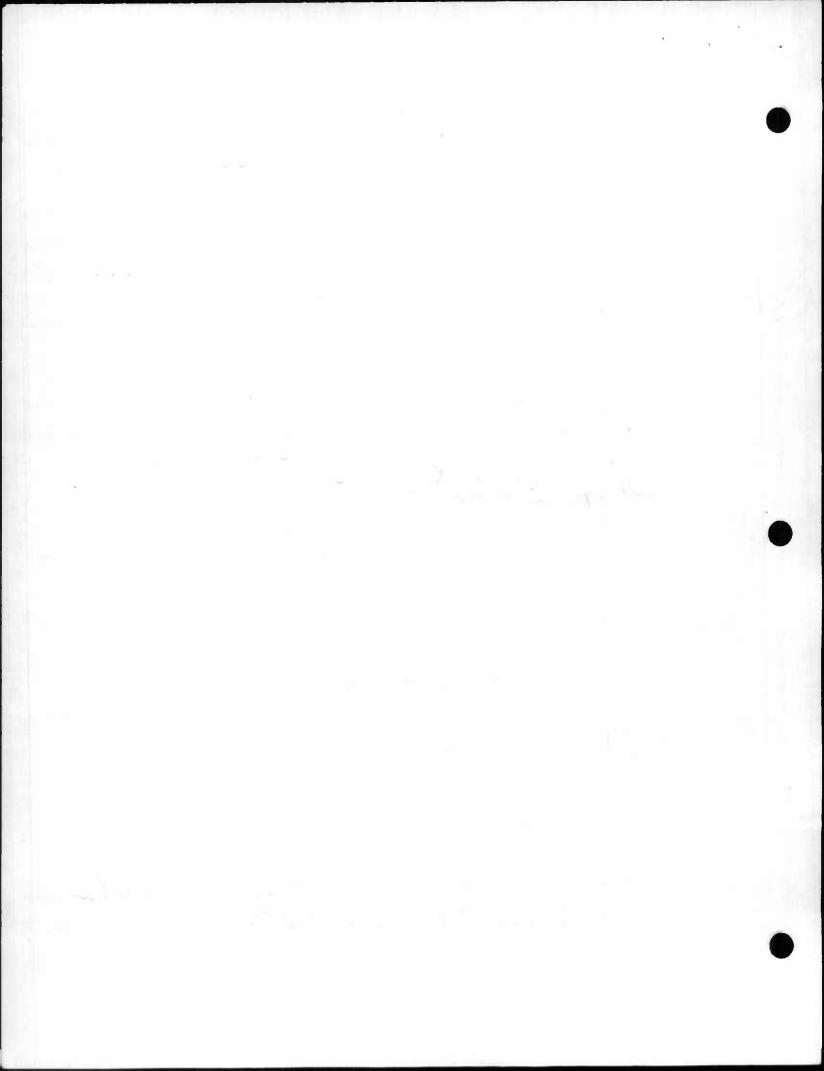


BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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certificate that been signed by the attending physician and completely	the State Dept. of Health and Mental Hygiene prior to burial, crematio	or item 23 shows any injury, or other traumatic event, the
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this certificate has been signed by the attending prosecial and completely	with the State Dept. of Health and Mental Hygiene prior to burlal, cremation	riked, or item 23 shows any injury, or other traumatic event, the
of this certificate has been signed by the attending prosecial and completely	th with the State Dept. of Health and Mental Hygiene prior to burlal, crematio	harked, or item 23 shows any injury, or other traumatic event, the
itel this certificate has been signed by the attending physicial and completely	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical evanines must be nestled at once

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH	
			B. MULLA	LY		1 10		3:12m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign		
	234-26-5298 9a. FACILITY NAME (If not institution, give st	X 85 4-2-1906						EST VIRGINIA	
DIRECTOR	CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								
RE	10e. STATE 10b. COUNTY	IOC. CITY, TOWN OR EDUCATION						10d. INSIDE CITY	
0		LTIMORE			DUNDALK			1 TES 2 XXIO	
FUNERAL	104. STREET AND NUMBER	177 -110			Of, ZIP CODE			WHAT COUNTRY?	
JNE	101 CENTRE PLACE	42 WAS DESCRIPTIVE SINCE					S.A.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes,	ecembent of HISPA specify Cuban, Maxic ES 2 NO Speci	an, Puerto Rican, atc.)	E — American Indian, sk, Whita, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION pecify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF							
MPL		N/A	JAN	ITORIA		PROFESSI	ONAL BUT	ILDING DUNDALI	
CO	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	AME (First, Middle, Malden S.			
BE	REUBEN PRUNTY					E. KELLEY			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,			
	LEONA B. HUGHES				DOW DRIV			LAND 21085	
	20a. METNOD OF DISPOSITION 1VI Burlai 2 Cremation 3 Removal from State 20b. PLACEAND DATE Completed of other (Specify) 20b. PLACEAND DATE DISPOSITION (Name of Completed of other (Specify) DATE 20c. LOCATION — City or Town, State MEADOWRIDGE MEMORIAL 1-13-92 DORSEY, MARY LAND							RYLAND	
	21. SIGNATURE OF PUR RAL SERVICE LICE	ENSEE	L	DUDA-	RUCK FUN	ERAL HOME O NUE DUNDAL	F DUNDAL	K INC. 21222	
	23. PART I. Enter the diseases, or or	omplications that cause	d the death. Do n	ot anter the n	oda of dying, suc	ch as cardiac or reapire	tory arrest,	Approximata	
	MANEDIATE CALIFE (Fig.)	cerebrou	ascular	- acc	1			intervel Between Onset and Death Few days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART V. Other significant conditions Chronic Outh	acontributing to death b	nut not resulting i	n the underlyi SCAS-C	ng cause givan in	Part i. 24a, WAS AN AI PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck anly one)			
YSI	1 Tes 2 DNO	Inpatiant 2 - ER/Outp	atlent 3 DOA	OTHER: 4 \(\text{Nursing Ho} \)	me 5 🗆 Residenca	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJ		JURY AT ORK?	28d. DESCRIBE NOW INJ	URY OCCURED		
B	2 Accident Investigation	280 BLACE OF IN HIEW	111		YES 2 NO				
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	= At nome, term, s	treet, tactory, on	ca	281. LOCATION (Street and City or Town, State)	Number or Rural F	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowl : On the basis of examination	ledge, death occurre	d at the time, da	e and place, and dua death occured at the	to the cause(s) and menne time, data end place, and o	or as ataled. Jua to the cause(s) end manner ea stated.	
H	296. WOMATUME AND TITLE OF CERTIFIER	for Ill	1D.		DZ402		M. DATE SUNED		
5	30. NAME OF ADDRESS OF PERSON WHO	DOMPLETED CAUSE OF DE	ATN (JEM 27) (7/20.	1 arch	Hospi	tal	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAT S RICH	Davidson-In	3-00	7/				



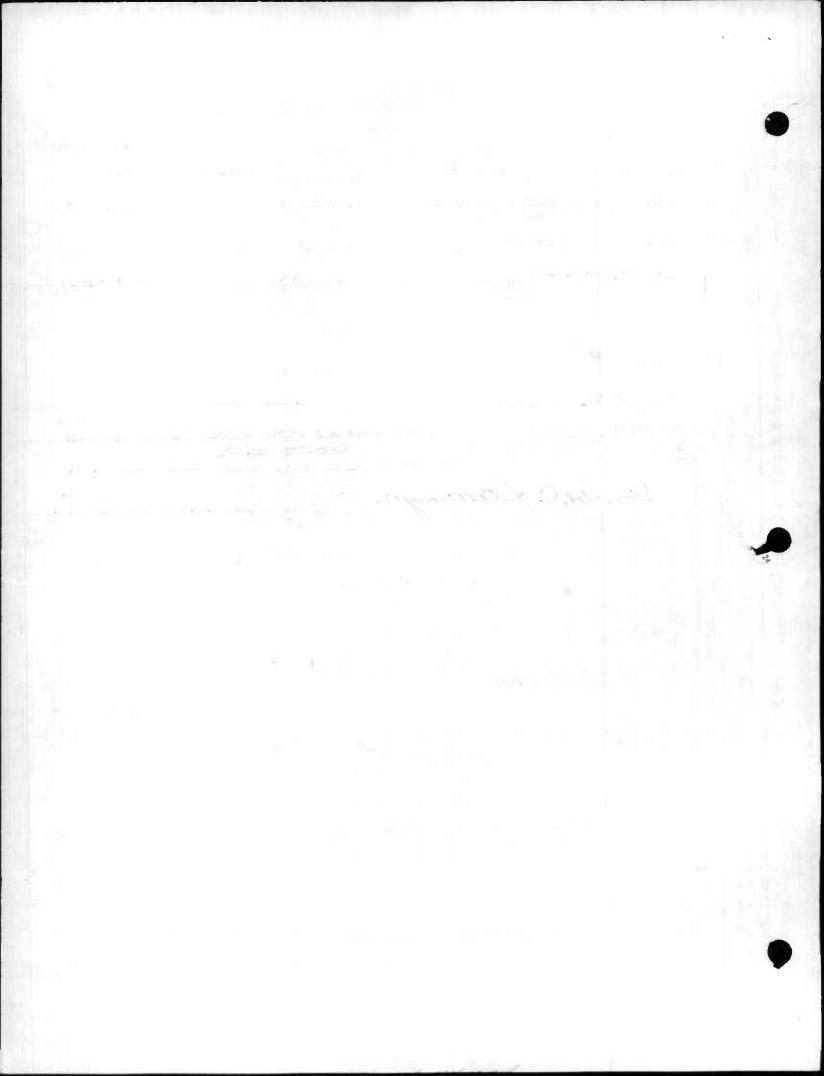
	stache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR			TE OF DE		NTAL HYGIENE REG. NO.	92 00632	
1. DECEDENT'S NAME (First, Midd		NETTE MILLE ETTE	ER)		DATE OF DEATH DAY	YEAR 3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 216-56-9	254 1 M 2 AF	(In yrs. lest birthday) IF U	HE DAYS HOUR	DER 24 HRS. 7. 1	DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Sountry) BATIMOLE, M	
9a. FACILITY NAME (If not institution union Memor	on, give street and number) ial Hospital	9b.	Baltimon		9c. CO	UNTY OF DEATH	
Union Memor RESIDENCE OF DECEO	COUNTY	10c. CITY, TO	VN OR LOCATION LIMORE			10d. INSIDE CITY LIMITS?	
			10f. ZIP C			TIZEN OF WHAT COUNTRY?	
10e. STREET AND NUMBER 7233-B PARK 11. MARITAL STATUS 1 Never Married 2 Married 3 W Wildowed 4 Divorced	12. WAS DECEDENT EVER	2 📉0	13. WAS DECENDENT If yes, specify Cu 1 YES 2 XX	2120 T OF NISPANIC O Iban, Maxican, Pu O Specify:	RIGIN? (Specify Yea or No-	USA 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Giv			rking	16b. KIND OF BUSINESS/II		
15. DECEDEN (Specify only high Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, AARON JOSE	Lost)	2 HOUSEWIFE			AT HOME First, Middle, Meiden Surname) ASSERMAN		
\$64 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Spec	Removel from State	D. PLACE AND DATE OF DIS DETH TETLO		1		- City or Town, State	
21. SIGNATURE OF FUNERAL SER			SOL LEVI	NSON &	BROS., INC.	MORE, MD 21215	
23. PART I. Enter the diseases, or complications that ceused the deeth. DD not anter tha mode of dying, such as cardiec or respiratory arrest, interval Bet interval Bet Onset and E of the disease or condition resulting in death) a. UROSEFSIS DUE TO (OR AS A CONSEQUENCE OF):							
MULTI-IA	1	ent not resulting in the		given in Part	I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 (N) NO	HOSPITAL:		IER:	DEATH (Check or			
27. MANNER OF DEATN 1 Natural 5 Pendil 2 Accident Invest	Igation	26b. TIME OF INJURY	TES 2	□ NO 26d	DESCRIBE HOW INJURY OF		
3 Suicide 6 Could 4 Nomicide datarn	building, etc. (Soe	— At home, farm, street, cify)	factory, office	261.	LOCATION (Street and Number City or Town, State)	v or Rural Route Number,	
	G PNYSICIAN: To the bast of my know EXAMINER: On the basis of examination						
296. SIGNATURE AND TITLE OF C	201 12 000	(m)		CENSE NUMBER	1	TE SIGNED (Month, Day, Year) TAW // 1992	
BRIAN C: 31. DATE FILED (Month, Day, Year)	SON WNO COMPLETED CAUSE OF DE WALL A CE YM 32. REGISTRAR & SIGN	390 / GALLANE	REENSPL	ING A	V-Suite 302	, BACTO, MOZIZI	
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2	OR A	DIREC	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL	JAL 1	10 10
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. "Elled in by the funeral director, page 5 should be detached for use as the burial-transit permit: Pages 1, 2, 3 within 72 hours after death with the State Deri of Health and Mental Horliers and on the horizon or removed.	TANT. History 29 is marked as learn 23 shaues and interest of the decimal the marked and the second
	-	4 3	1

REG. NO. 2. DATE OF DEATH DAY . DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARKOWITZ YEAR SOPHIE 92 1 10 10.45 A-M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 7 DAYS HOURS MIN. 578-62-5938 March 15,1899 Poland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville XIX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6121 Montrose Road 20852 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was, abedify Cuban, Mexican, Puerto Ricen, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 XNO Specify: IF YES. GIVE WAR OR DATES BY 3 ♥ Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 years Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Melden Surname) Masha Shuman Sarah Shuman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20904 Jay Dobbs 12522 Montclair Drive, Silver Spring, Maryland 20s. METHOD OF DISPOSITION
1X Burlet 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION COmmercery Jan . 12, 20c. LOCATION — City or Town, State Ohev Sholom Talmud Torah 1992 Washington, D. C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald (STEIN HEBREW MEMORIAL FUNERAL HOME, Inc. 232 CARROLL STREET, N.W. WASHINGTON 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as cardiac or reapiratory strest, Approximate ahock, or heart failure. List only one cause on asch lina. Intarval Between IMMEDIATE CAUSE (Final **Oneat and Death** disesse or condition GREBRO VASEULAR ACCIDENT resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HYPERTE NSION CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS DEMENTIA PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Ho ne 5 - Reeldence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural | 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number. City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

7 MENCAL EXAMINED, On the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: It 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD. 1. Tallwan D 36552 1/10/92 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) PANKAJ TALWAR MONTROSE RD. POCKVILLE MD 20852 6121 32. REGISTRAN SIGNATURE VILLEN - AMERICAN 31. DATE FILEO (Month, Day, Year)

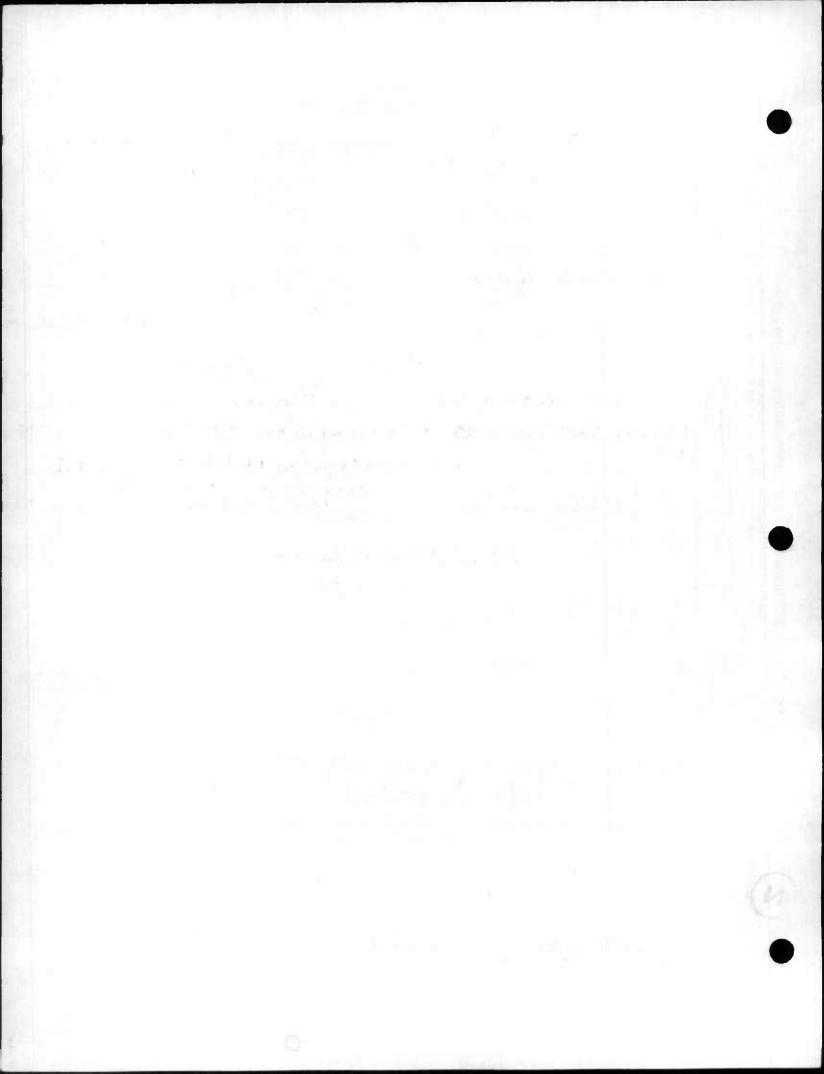


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DIVISION	

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		ransit permit. Page:	
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	ed by the hospital	uld be detached for	ed at once.
	age 6 may be retain	director, page 5 sho	ir must be notifi
	MYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deot. of Health and Mental Hydielle prior to burial. Cremation, or removal	ced, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	executed within 24	its certificate has been signed by the attending physician and completely filled in by the fur with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal	matic event, the
	death certificate be	attending physiciar ental Hydiene prior	iry, or other trau
	w requires that the	been signed by the pt. of Health and Ma	S shows any inju
	PHYSICIAN: The lan	r this certificate has h with the State Der	arked, or item 23
	TAL DR ATTENDING	VAL DIRECTOR: After 72 hours after deatl	It item 28 is ma
-	HOSPH HUSPH	A filed within	IMPORTANT:
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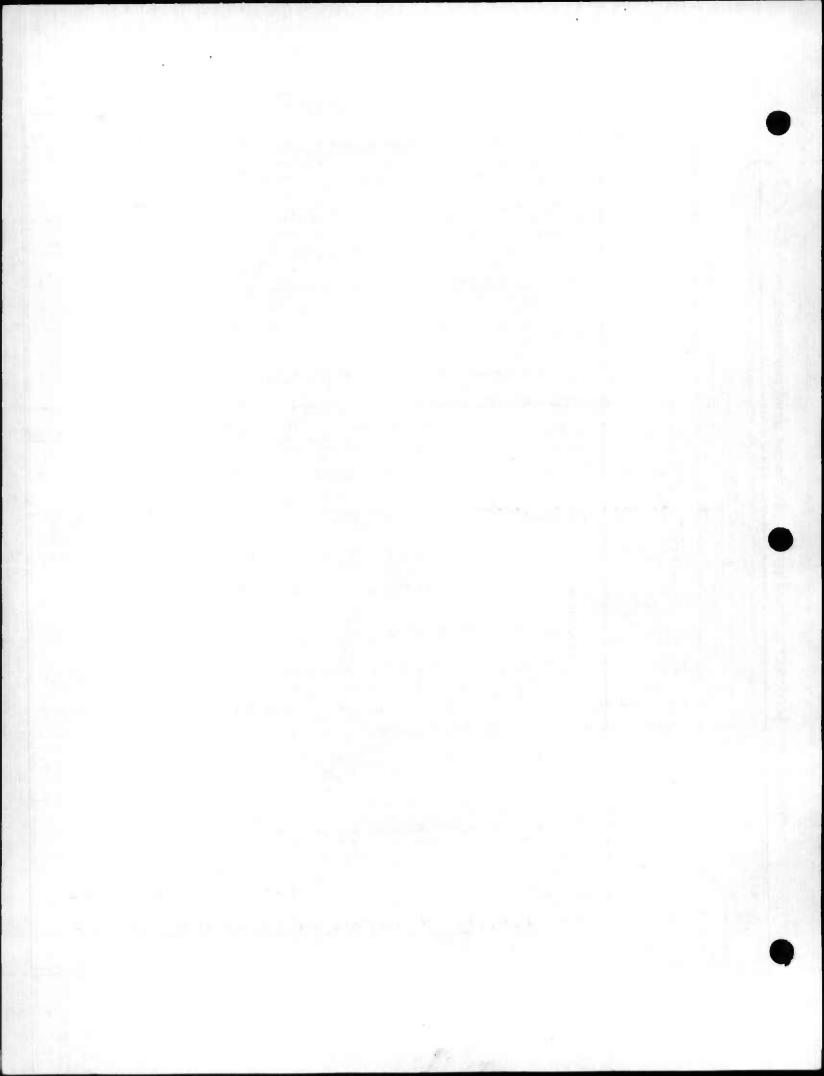
92 00634 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -2. DATE OF DEATH 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 001-49-9017 9c. COUNTY OF DEATH RECTOR Sina BC RESIDENCE OF DECEDENT
10a. STATE 10b. COL 10b. COUNTY 10c. CITY, TOWN OR LOCATION

Ö	MARYAND	BALTIMOR	Q.		LIMITS?					
FUNERAL	100. STREET AND NUMBER	101. ZIP COD		10g. CITIZEN O	F WHAT COUNTRY?					
JNE	4204 FORNALL AVE	2/2		I U	SA_					
	1 Never Married 2 Married FORCES? 1 YES 2	NO If yes, specify Cubi	OF HISPANIC ORIGIN? (Specify Your, Mexican, Puerto Rican, etc.) Specify:	81	ACE — American Indian, lack, White, etc.					
D BY	3 Widowed 4 Divorced		Specity.	1 1	FRO AMARK					
TE	(Specify only highest grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work) ite. Do NOT use retired.)	16b. KIND OF BU	USINESS/INDUSTRY	1					
IPL	Elementary/Secondary (0-12) 12 fb 13	AGENT	1000	al A						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HER'S NAME (First, Middle, Maide	n Surname)	excy					
BE (VETNON WAShINGTON	F	LOBING 1	WASHI	Naton					
10	19a. (NFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number	r or Rural Route Number, City or To	yn, State, Zip Code)						
	20a, METHOD OF DISPOSITION	+204 FORNAL	NVa 1011	MMOR	8 MD 2121					
	1 Burial 2 Cremation 3 Removat from State cemetery, c	EAND DATE OF DISPOSITION (Name of remajory or other place)	1	HIMUR	C 101 -					
	21. SIGNATURE OF FUNERAL SÉRVICE LICENSEE	22. NAME AND ADDRE	SS OF FACILITY		1 101					
	· lecis (Cotton		310-11.01	ACA	Home					
	23. PART i. Enter the diseases, or complications that seused the canonic shock, or heart fellure. List only one cause on each life.	eath. Do not enter the mode of dy	ing, auch as cardiec or reep	piratory arrest,	2 \ 2 \ 7					
	IMMEDIATE CAUSE (Final	ia.			interval Between Onset and Death					
	disease or condition resulting in death)	vicular heno	whage		7days					
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury									
TIF	thet initieted events DuE ftd (OR ÁS A CONSEQUENCE OF): reculting in death) LAST									
E	d									
ÄL	PART II. Other significant conditions contributing to death but not	rasulting in the underlying cause (given in Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
20			1 🗆 YES		COMPLETION OF CAUSE DF DEATH?					
PHYSICIAN: MEDICAL					1 - YES 2 - NO					
AN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF D	EATH (Check only one)							
Sic	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 VES 2 NO 1 Compatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
H	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Yelly)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED						
B	12 Accident Investigation 1273/91 & S AM 1 YES 2 NO Natural									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street									
	29a. CERTIFIER (Check only cool cool cool cool cool cool cool co									
COMPL	(Check only 2 MEDICAL EXAMINER: On the basis of examination and/or	nam occurred at the time, date and place, investigation, in my opinion, death occur	, end due to the cause(a) and ma ed at the time, date and niece, as	oner as stated.	Na) and manner as eleted					
	29b. SIGNATURE AND TITLE OF CENTIFIER		NSE NUMBER		ED (Month, Day, Year)					
BE	KKIN		147529121090	DATE SIGN	8/92					
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)		-						
	Kan S. Kim JHH.	Wolfe Street	Bultimore,	MD	2/201					
	31. DATE FILED (MONTH) A 100 22. REGISTRAR'S SIGNATURE	n wande 89								



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av Î	92	3. TIME OF DEATH 6:00	Dw

	REGISTRAR		CERTIF	ICATE	OF DEATH	1	REG. NO.		-00
i.	1. DECEDENT'S NAME (First, Middle, Last) Lawrence N. A	LAWRENCE	NORTON r.	MOF	RSCHER, J	R 2. DATE O	F DEATH DAY	YEAR 92	3. TIME OF DEATH 6:00 D
	4. SOCIAL SECURITY NUMBER 460-09-6876		89 YRS.	IF UNDER		HRS. 7. DATE O	F BIRTH Day, Veer) 24 09	8. BIRTH Countr	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (# not Institution, give Leland Memorial RESIDENCE OF DECEDENT			1	rdale	OF DEATH		ounty of D	George
DIRECTOR	10s. STATE 10b. COUNT	ince George	10c. Cr	TY, TOWN OF Unive	ersity Pa	rk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6913 Oakridge F	Road			101. ZIP CODE 207	82	10g. (citizen of y	vhat country? States
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR WW II		11	AS DECENDENT OF yea, specify Cuban, YES 2 NO	HISPANIC ORIGIN? Maxican, Puerto Ric Specify:	(Specify Yea or No- can, atc.)	Speci	- American Indian, c, Whita, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18a. OECEDENT'S (Give kind of	work done de	CUPATION uring most of working	166. I Suj	cino of Business	Offi	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Lawrence Norton	Morscher					ddle, Maiden Surnam		
10	19a. INFORMANT'S NAME (Type/Print) Kathryn Finnega:	n			(Street and Number or rk Rd, Fl			Zip Code) 8822	·
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)		Ob. PLACE AND DATE remetery, crematory or		TION (Name of	OATE	20c. LOCATION	— Cify or To	wn, Stata
	21. SIGNATURE OF JUNERAL SERVICE LI	Kollard	Wade, Dir -13-92		AME AND ADDRESS 5W.Baltin		STATE AN Balto.,		
	23. PART I. Enter the disease, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. RE	SPIRA A CONSEQUENCE C	TOR			c or reepiratory	arrest,	Approximate interval Between Onset and Deet 2 /2 WKs
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO (OR AS	SPIRA SA CONSEQUENCE O	T10 A	I PNE	UMON	JIA		
ERTIF	thet initiated evente resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O)F}:					
MEDICAL C	PART II. Other significent condition CHRONIC OBSTRUE ENCEPHAWPATHY	ACUTE RE	NAL INSU	FFICE	E, HYPO	X/C	4a. WAS AN AUTOPS PERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN:	HEART FAILUILE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CARDIAC A	RRHYTHI	MIA	26. PLACE OF DEAT				
> 1	1 TYES 2 NO 27. MANNER OF DEATH	1 Inputiant 2 ER/O			ng Home 5 ☐ Rasid		Specify)	OCCURED	
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day, Year)) IN	JURY M	WORK?		WOL HOW MOOR!	JCCONED	
ETE	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUI building, atc. (Sc	RY — At home, farm, pecify)	street, fector	ry, offica	28f. LOCAT City or	ION (Street and Num Town, State)	ber or Rural R	oute Number,
COMPLETED		ICIAN: To the beat of my kno ER: On the basis of axaminst							and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	xurulo x	110		29c. LICENS		29d, D	ATE SIGNED	(Month, Day, Year) 2 - 9 Z
	NAPOLGON C. MA	RCELO, M	DEATH (ITEM 27) (Tops	Print)	BELT RO	#212			
	JAN 1 4 1992	A2, DEGISTRAPS SIG	SNATTHE LAND	i.	-			-	



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31. DATE FILED (Month, Day, Year)

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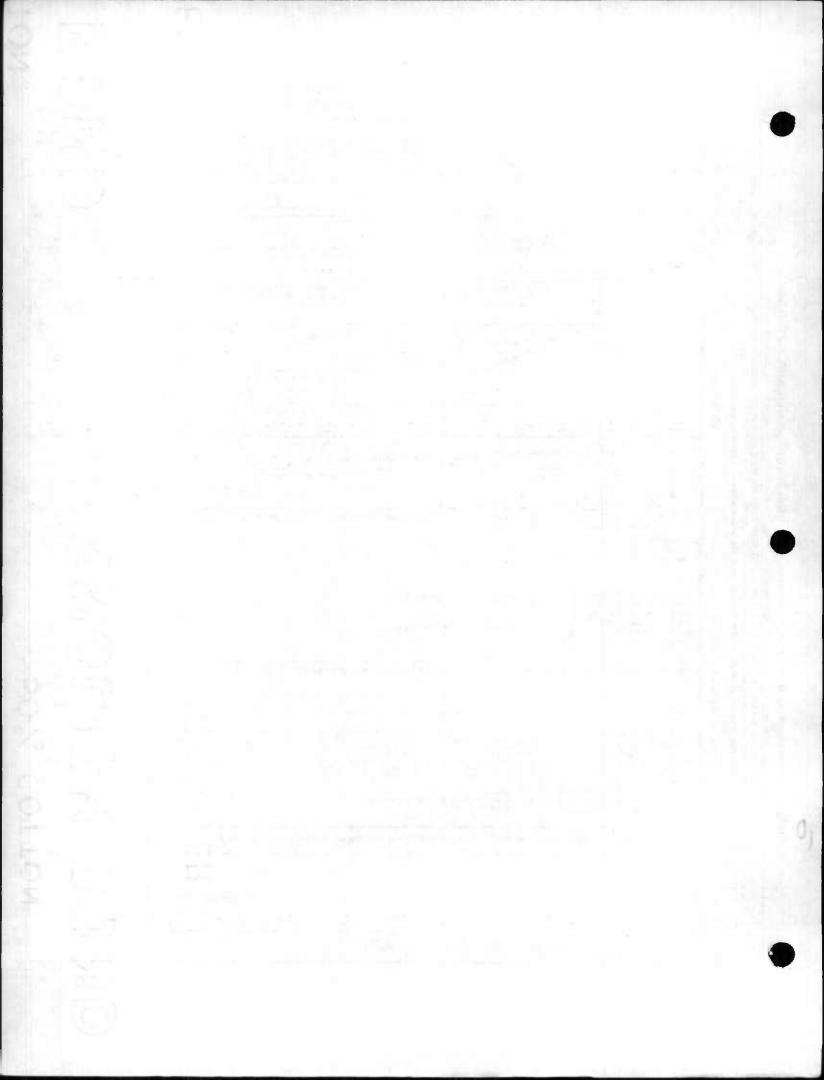
M.D.

32. REGISTRAR'S SIGNATURE

2 Graha Davidson

Stella Maris Hospice, Towson, Md. 21204

PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO							
N: MEDICAL C	PART II. Other significant condition	na contributing to death	but not reaulting in	the underlying	g cause given in Pr	ert I. 24e. WAS AI PERFO	RMED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
	23. PART I. Enter the diseeses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. 13 rec	aech Ilna.	ance		as cardiac or reap	Iratory arres	Towson, Md Approximate Interval Between Onset and Daath
	200. PLACE 2 Cremation 3 Removal from Stata 200. PLACE 2 Cremation 3 Removal from Stata 200. PLACE 2 Cremation 3 Removal from Stata 200. PLACE 2 Cremation of other (Specify) 2 Cremation 6 Other (Specify) 2 Cremation of other (Specify) 2 Cremati							
2	Villa Julie Infirmary 1531 Greenspring Valley Road, Stevenson						son, Md. 21153	
BE CO	17. FATHER'S NAME (First, Middle, Last) Thomas 190. INFORMANT'S NAME (Type/Print)	McElhinney			Ella		adley	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			red done during mos retired.) Teacher	nt of working	Baltimo		unty Schools
ВУ	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 U YES IF YES, GIVE WAR OR	DATES NO	If yes, spe 1 - YES	ENDENT OF HISPANIC city Cuben, Mexicen, 2 NO Specify:	Puerto Ricen, atc.)	or No 14	4. RACE — American Indien, Black, White, atc. Specify: White
FUNERAL D	Maryland Dal 10e. STREET AND NUMBER 30 Tommy Tru		1	10f.	ZIP CODE			N OF WHAT COUNTRY?
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	timore		TOWN OR LOCATION		7.5		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
H	9e. FACILITY NAME (If not institution, give s	treet and number)	Disa	9b. CITY, TOWN O	R LOCATION OF DEAT	Towar	9c. COUNTY	Palto.
	4. SOCIAL SECURITY NUMBER 205-20-4357			IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	1. DECEDENT'S NAME (First, Middle, Last)		LA MAE M	CELHINN	EY 2	DATE OF DEATH	0 0	3. TIME OF DEATH



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DIVISION OF VITAL RECORDS, P.O. BOX	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 08637 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH January 12, 1992 Dorothy E. Neff 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 214-01-8058 1 M 2 N F 81 YRS. Sept. 1910 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 2600 Hillcrest Avenue Parkville Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkville permit. 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2600 Hillcrest Avenue use as the burial-transit 21234 United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Ricen, etc.) RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 X NO Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify (Give kind of work done life. Do NOT use retired.) st of working 10 Elementary/Secondery (0-12) College (1-4 or 5+) 12 funeral director, page 5 should be detached Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Anthony H Wagner Anna Moulter BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. James L. Sinclair 13317 Verdun Dr. Palm Beach Gardens, Fl 33410 eq 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Hilltop Service Corp 1/15/92 Towson Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. examiner 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road attending physician and completely filled in by the sittal Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, auch as cardiec or reepiratory errest, ehock, or heart fellure. List only one cause on each line. Approximete Interval Between IMMEDIATE CAUSE (Final Onset and Death the neuncua executed within reculting in death) Zweel event, DUE TO (OR AS A CONSEQUENCE OF) or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate 8 cause. Enter UNDERLYING requires that the death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reculting in death) LAST signed by the atter Health and Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? the has been so take Dept. of ' 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h h with the State [EXAMINER? HOSPITAL: 1 YES 2 NO OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH marked, 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO FUNERAL DIRECTOR: After 1 within 72 hours after death Accident 28s, PLACE OF INJURY — At home, 1erm, street, 1ectory, office building, etc. (Specify) 50 3 Suicide 6 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide item OR 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner ea stated.

29c, LICENSE NUMBER

05405

Baltimore, Maryland



29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

Dr. John H. Hebb

JAN

0

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

8508 Loch Raven Blvd.

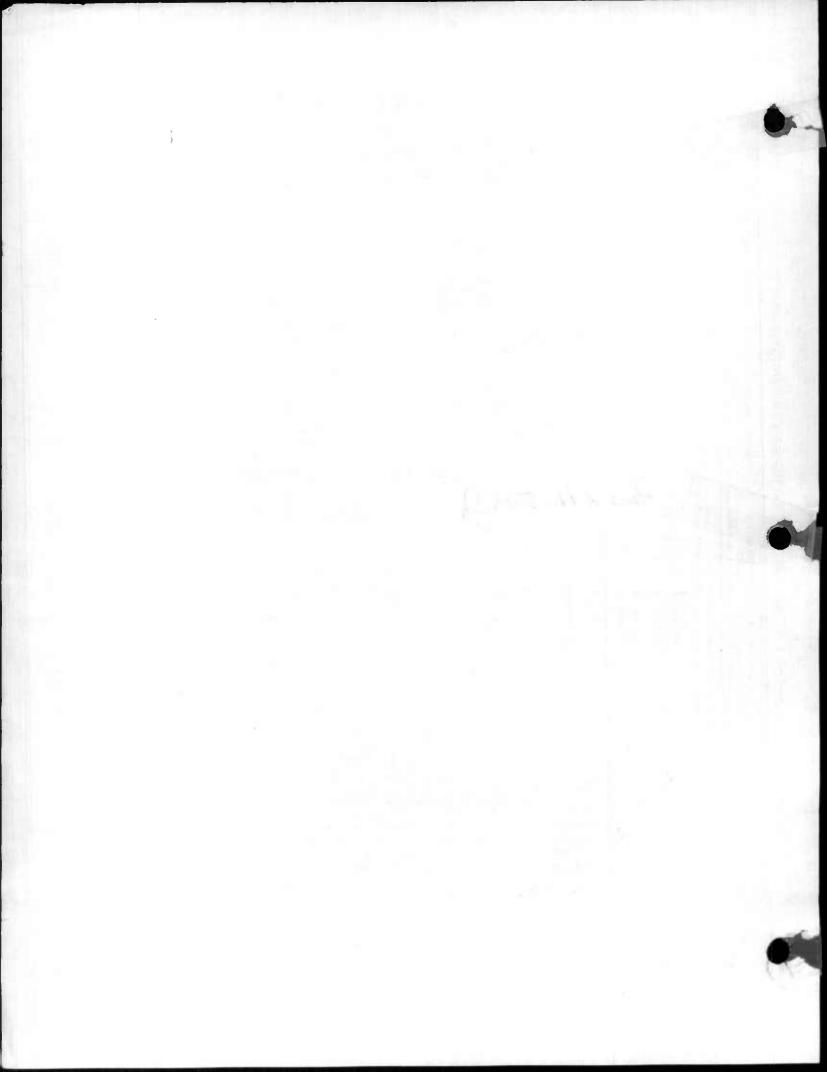
32. REGISTRAR'S SIGNATURE:

BE

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29d. DATE SIGNED (Month, Day, Year)

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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death, Page 6 may be retained by the hospital or	E. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it within 72 hours after death with the State Dent, of Health and Merial Hydiene prior to burlat, cremation, or removal	NTANT. It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTA			00	638 -	
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last) CAROLYN (R.) F					OF DEATH	NA .	YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-52-4621	1 M 2 43	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH Day, Year) 4	3-	Country)	ACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give : CHURCH HOSPIT	AL		BALTI	MORE	EATH /		9c. COUN	TY OF DEA	тн	
DIRECTOR	10e. STATE 10b. COUNT	Υ		TY, TOWN OR LOCATION BALTIMORE			<u></u>			Dd. INSIDE CITY LIMITS? X YES 2 NO	
FUNERAL	1526 KENNEWICK	ROAD		101	21218					AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of If yee, specify Cuban, Maxicen, Puerto Rican, etc.) 1 YES 2 NO Specify:			or No-	Black, V	American Indian, Vhite, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondery (0-12) 11 th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us UNEMP	usual occupation work done during more retired.)	DN st of working	16b.	. KIND OF BUS	SINESS/INDU	STRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) DOCKERY PEEBLES				16. MOTHER'S NA HAZEL H	HILL				· · · · · · · · · · · · · · · · · · ·	
0	190. INFORMANT'S NAME (Type/Print) HAZEL PEEBLES 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1526 KENNEWICK RD/BALTIMORE, MD 21218										
	20e. METHOD OF DISPOSITION 1 V Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cempstery Crematory of other place) WESTERN STAR CEMETERY CATONSVILLE, MD										
	21, SIGNATURE OF FUNERAL SERVICE LIK	(A)		WM.C.MARCH F.H./1101 E. NORTH AVENUE						ENUE	
	23. PART . Enter the diseases, or shock or fieert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on as a QUICU	ich lina.					1	at,	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Othar algnificant condition	ut not resulting li	13 22			24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO		AM CC OF	PRE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 AND		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPICAL:		OTHER:	ACE OF DEATH (Ch						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY WO	Nursing Home 5 Residence 6 Othe 28c. INJURY AT 28d. DES WORK? 1 1 YES 2 NO			DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Hemicide determined	treet, factory, office 25t. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)					e Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated.										
R	296. SIGNATURE AND TITLE OF CERTIFIER						29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Balt.	MO	(0	noch	Hospi	ter		
JAN 14 1992 Sina Dandon-Kondage)	

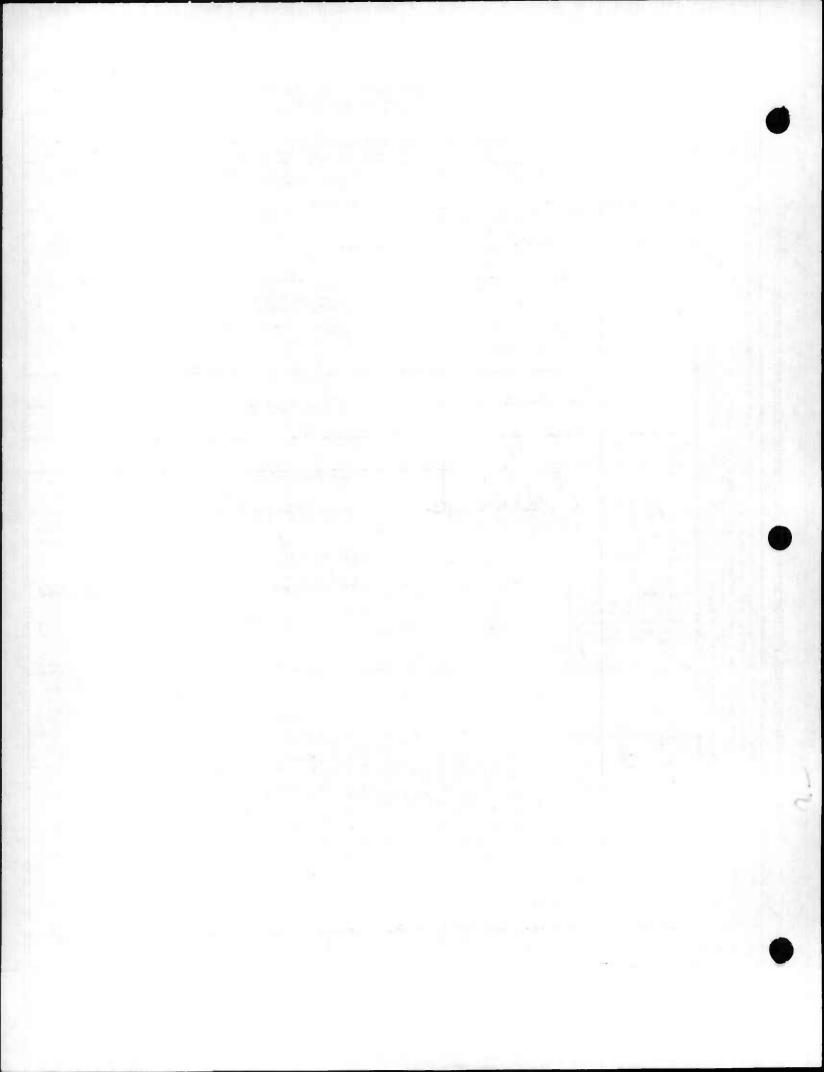
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1	-	STATE REGISTRAR

1 - STATE REGISTRAR		CE		ICATE O			MENIAL HYGI REG.			
	1404							2. DATE OF DEATH MONTH DAY YEA		3. TIME OF DEATH
Dora Myrtle					1	12	92	9:30 A.		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i	birthday)	-		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTI	PLACE (State or Foreign
234-14-0849	1 M 2 K F	85	YRS.	MONTHS DAY	8 HOURS	MIN.	3/26/		Count	w Virginia
9e. FACILITY NAME (If not institution, given	e street and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE			INTY OF D	
2202 Perryman F	kd.			Aber	leen				Uar	ford
RESIDENCE OF DECEDENT									паг	Tora
10s. STATE 10b. COU	ATY		10c. CI1	TY, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	Balto.			Towson	ı					1 YES 2 INO
10+. STREET AND NUMBER	4 24 26 1				10f. ZIP COL	Œ		10g. CIT	IZEN OF	WHAT COUNTRY?
1632 Thet	ford Rd.					21204			**	C 3
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	ED	13. WAS I	ECENDENT	OF HISPAN	IIC ORIGIN? (Specify	Yee or No-		S.A. E – American Indian,
1 Never Merried 2 Merried	FORCES? 1	YES 2 NO		If yes,	specify Cub ES 2 ₩ NO	en, Mexica	n, Puerlo Rican, atc.		Blac	k, White, etc.
3 🔀 Widowed 4 🗌 Divorced					LS 2 MG NO	Specify	<i>.</i>		Spec	White
15. DECEDENT'S E (Specify only highest gri	DUCATION	18e. DECI	EDENT'S	USUAL OCCUP	TION		16b. KINO OF	BUSINESS/INI	DUSTRY	WILLCE
Elementary/Secondary (0-12)	College (1-4 or 5	ille. E	o NOT u	work done during se retired.)	most of work	ing				
8			ıcak	eeper			Character of the control of the cont	a a la D		
17. FATHER'S NAME (First, Middle, Last)			LOCK	CEDIET	18, MOT	HER'S NA	ME (First, Middle, Mai	rch R	ecto	ry
Alfred E.	Molcon									
190. INFORMANT'S NAME (Type/Print)	METSOII	106	MAILING	AODRESS /S/-	of and Number	Magg	ie Ba	rnett	0.4:	
Mag Tanana Gala										
Mrs. Irene Gabl		1 2	2202	Perry	ian Ro		Aberdeen			
20e, METHOD OF REPOSITION 1 & Burlel 2 Cremetion 3 Re	moval from State	cemeter, creme	etory or o	OF DISPOSITION other plece)			DATE 20c.	LOCATION —	City or To	wn, State
4 Doneston wher (Specify) Moreland Mem. Pk. 1/15/92 Balto Md										
22. NAME AND ADDRESS OF FACILITY										
1050 York Rd. 21204										
23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate										
IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)										
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST b. Accord Of the Course of Cou										
PART ii. Other algnificant conditi	ons contributing to	death but not rea	witing	in the underly	lea cours	aluan In I	Post I as was			
					ing vause	given in i	PERI	AN AUTOPSY FORMED?	240.	WERE AUTOPSY FINDIN' AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
							_			1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF O	EATH (Cha	ck only one!			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:					-	
27. MANNER OF DEATH	28e. DATE OF					esidence	6 Other (Specify)			
1 Netural 5 Pending 2 Accident Investigation (Month, Day, Year)										
3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. Could not be determined										
299. CERTIFIER (Check only one) 1 CERTIFYINO PHY 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the basis of so	my knowledge, death	occurre	ed at the time, do	ite end place	, end due t	to the cause(s) end r	nenner ee stat	ed.	end menner se atated
29b. SIGNATURE AND TITLE OF CERTIF					_	ENSE NUM				
(DE MAIN					1773	171	7	ANG. DATI	DIPINED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CALL	E OF DEATH ATTENDED	TD (7	0/-0	100	(11		1 /	1/3/	76
									1 1	
Charles R. Eck	M.D. 219	West Be	lai	r Ave.	Aberd	een,	Md. 210	01		
31. DATE FILED (Month, Day, Year)	32. REGISTRA	H'S SIGNATURE	Torne !	- 22-1	34					

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



HOSPITAL OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in the threat director, page 5 should be detached for use as the Dentatorial permit. Page within 72 hours after death with the State Dest. of Health and Mental Hydrene prior to burial, cremation, or removal. WINNT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be mutitined at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL C THE FUNERAL C filed within 72 h IMPORTANT: If

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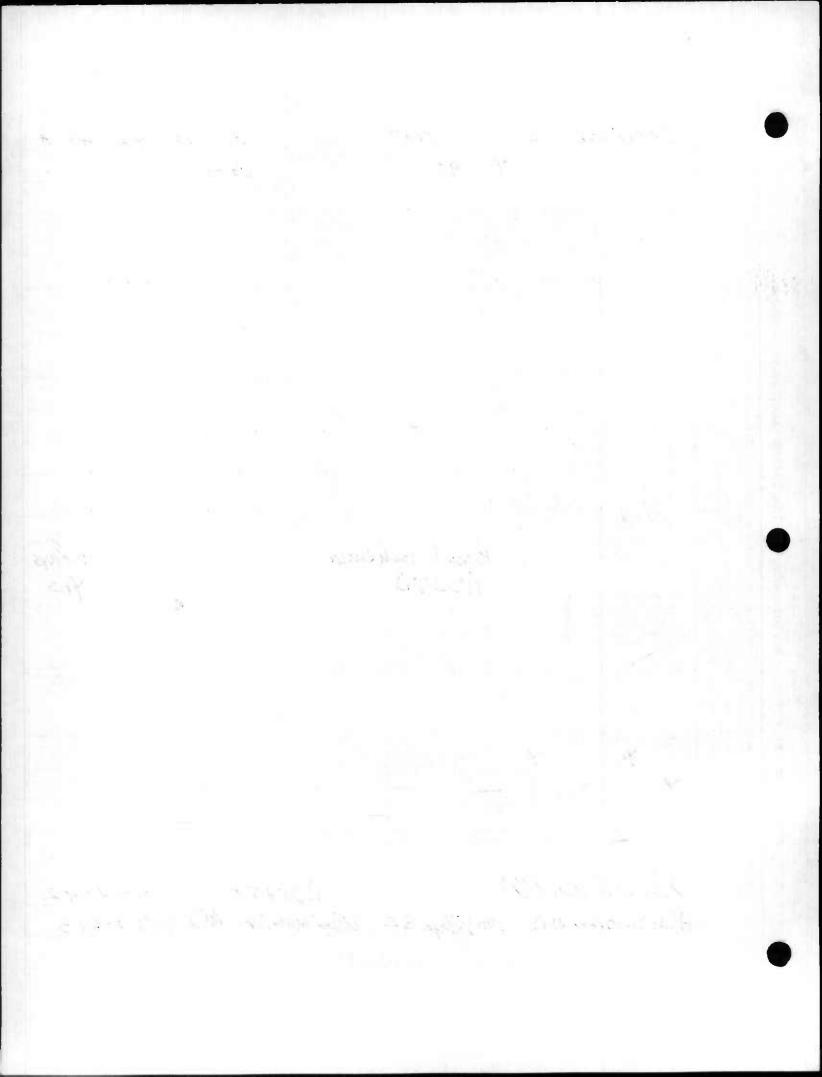
1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 045 Christina Catherine Pratt 1-12-1992 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 - M 2 A YRS 213-48-4776 90 8-21-1901 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR County General Hosp. Westminister Carrol1 Carroll 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Westminster 1 YES 2 X NO 100. STREET AND NUMBER Lutheran Village Nursing Center 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1804 Ellinwood Rd.200 St. Luke Circle 21237 21158 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 THE NO BY Specify: 3 Widowed 4 Divorced Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Conrad Setz Seitz Minnie Loehr BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Mrs. Shirley V. Robertson 8 Capri Dr. Balto., Md. 21221-3216 20e. METHOD OF DISPOSITION
1 □ Description 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Baltimore Cemetery BalTO., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home wkmmer 7527 Harford Rd. Balto., Md.21234 23. Party . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ahock, Dr haart fallura. List Dnly Dne ceuse on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition 15ch emia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE t 🗌 YES 2 🗌 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: se 5 ☐ Reeldence 8 ☐ Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural N Month, Day, Year) 5 Pending Investigation 1 YES-BY 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and menner ee stated BE 29d, DATE SIGNED (Month, Day, Year)

Westmorster MI

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lulia Tairidan-Randell



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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7 70	PHYSICIAN:	
VISION OF VIEW RECORDS, P.O. BOA 50/00,	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	

2

	4. SOCIAL SECURITY NUMBER 212-30-1728	5. SEX 6. AC		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State Country)
	9e. FACILITY NAME (If not institution.		91 YRS.			9-30-1900	
OR	MERRIDIAN NURS		96. CITY, TOWN OR LOCATION OF DEATH BROOKLYN PARK			9c. COUNTY OF DEATH ANNE ARUNDEL	
ត្ត	RESIDENCE OF DECEDER	OUNTY	ine CITY	TOWN OR LOC	ATION		10d. INSIDI
DIRECTOR		NE ARUNDEL		NTHICUN			LIMITS 1 YES
	10e. STREET AND NUMBER	THE THEOREM	BI		Of. ZIP CODE		10g. CITIZEN OF WHAT COUNT
ER	504 EAST MAPLE	RD.		2	21090		U.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) by:	s or No— 14. RACE — America Black, White, atc. Specify: WHIT
LETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	t grade completed) College (1-4 or 8+)	Ille. Do NOT use	ork done during n retired.)			ISINESS/INDUSTRY
COMPL	12 17. FATHER'S NAME (First, Middle, La	NONE	HOME M	AKER	40 MOTHERIC M	OWN H	
-	GEORGE SELBY F				ELMI BOTTO	HAWKINS	(Surrame)
BE	19a. INFORMANT'S NAME (Type/Prin		19b. MAILING	ADDRESS (Street	-	Route Number, City or Tox	vn, State, Zip Code)
임	ALBERTA PUMPHE	EY	5815	RITCHIE	E ST. GL	EN BURNIE.	MD 21061
	20e, METHOD OF DISPOSITION 1 IX Burlet 2 Cremation 3		20b. PLACE AND DATE	OF DISPOSITIO			OCATION — City or Town, State
	4 Donation 5 Other (Specify		of cemetary, crematory MEADOWRIDO	GE MEMO	RIAL PARK	1-10-92 E	ELKRIDGE, MD
NO	IMMEDIATE CAUS (Final disease or condition resulting in death) Sequentielly list conditions,	a. Due to cons	AS A CONSEQUENCE OF	uli	ac p	enhite	mia mi
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	6. DUE TO (OR /	AS A CONSEQUENCE OF	¥		wo	apses ;
IAN: MEDICAL C	PART II. Other eignificant course cou	of gastro	th but not resulting I	rik-	Ing cause given in	i da di ves	N AUTOPSY #MILD! #ALLABLE COMPLETI OF DEATH!
rsic	1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ERH	Outpetient 3 🗆 DOA	A Nursing H	ome 5 🗆 Residence	6 Other (Specify)	
ву РНУ	27. MANNER OF DEATH 1 Neturat 8 Pendin 2 Accident Investig			URY \	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED
TED	3 Suicide 6 Could 4 Homicide determ	not be building, etc. (IURY — At home, farm, a (Specify)	treet, factory, of	fice	281. LOCATION (Street City or Town, State	t and Number or Rural Route Number e)
OMPLE	one)	PHYSICIAN: To the best of my k					enner as stated, and due to the cause(s) and mann
BE CO	29b. SIGNATURE AND TITLE OF CE	Parlet	4,11)		29c. LICENSE NU	IMBER 17	29d. DATE SIGNED (Month, De

MARGUERITE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PUMPHREY

HAWKINS

DEATH (ITEM 27) (Type, Print)

whia Davidson-

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 XNO

14. RACE — American Indian, Black, White, atc.

WHITE

MD 21061

#4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Approximate Interval Between

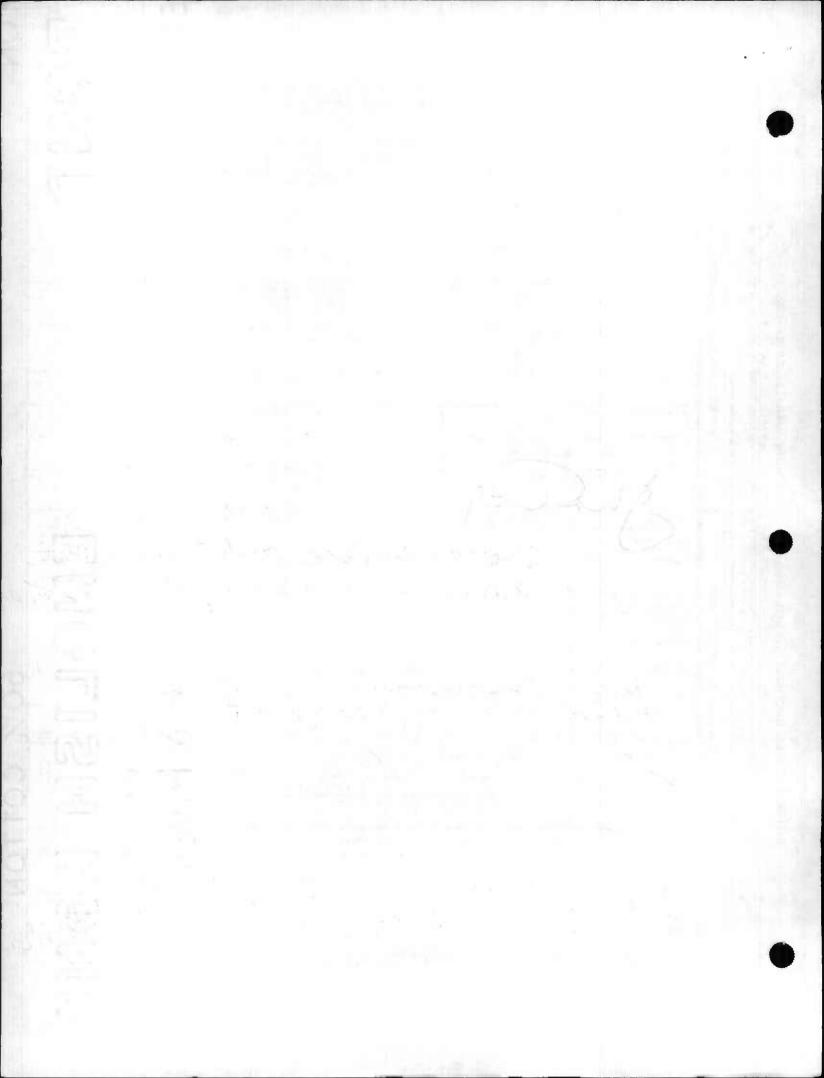
8. BIRTHPLACE (State or Foreign Country)

8:30 Am

REG. NO.

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2. DATE OF DEATH MONTH

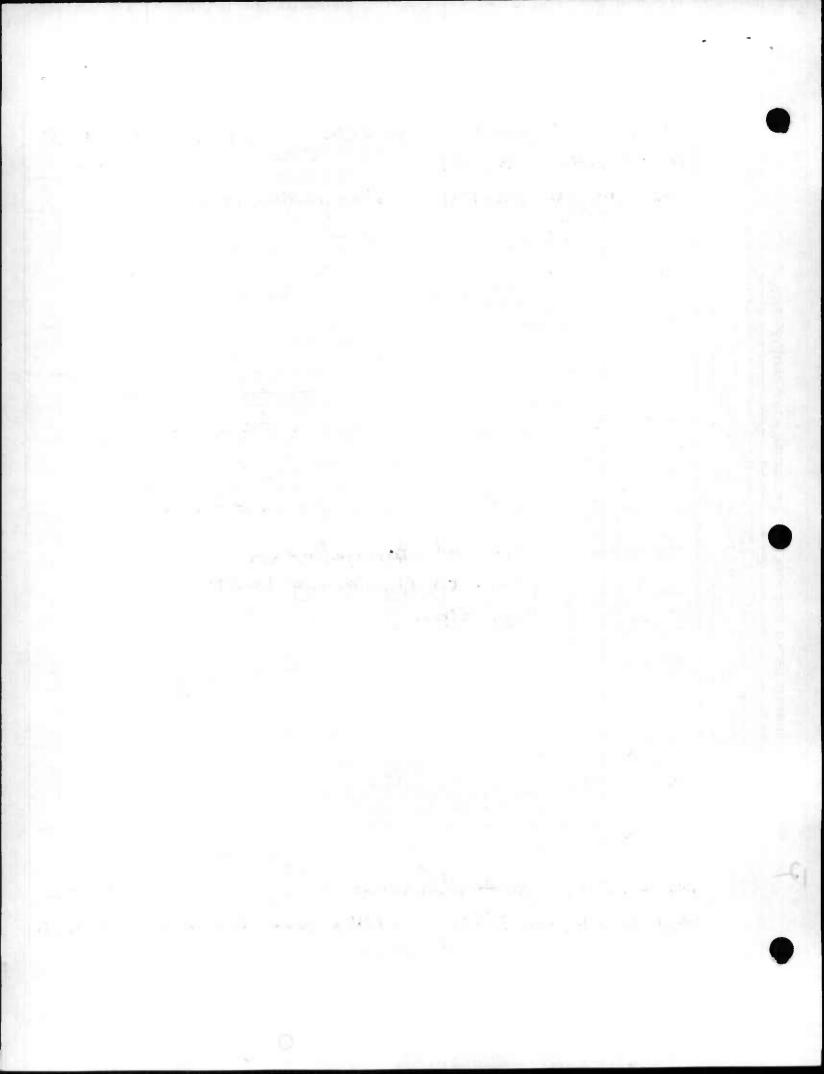


DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL DB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to
5	DB
_	OSPITAL

	REGISTRAR		ARYLAND / DEP	IEICATE (TE DEATH					
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	MARGARET		DF DEATH	2. DATE OF DEATH MONTH	MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER 220-46-1046		AGE (In yrs. last birthd	(ay) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreig Country)		
~	9a. FACILITY NAME (If not Institution, give	atreet and number)	0 /	9b. CITY, TO	WN OR LOCATION OF D		_	Maryland TY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUN									
BY FUNERAL	Maryland Balt	imore		Baltimo				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	1716 Aberdeen Rd	l.			101. ZIP CODE 21234			EN OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If you	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 X NO Speci	en, Puerto Ricen, atc.)	Yea or No—	14. RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 8 YYS	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE			166. KIND OF BUSINESS/INDUSTRY Own Home					
E COMPL	17. FATHER'S NAME (First, Middle, Last) Alphonse	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM			E (First, Middle, Maiden Surname)		
20	19e. INFORMANT'S NAME (Type/Print) Carolyn Balda				eet and Number or Rural		own, State, Zip (Code)		
	20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	1716 Aberdeen Rd. Ba			DATE 20c. LOCATION — City or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204						nc.			
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c ASPIV	A TO L	OF):						
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c. ASPIV d.				Part I. 24e. WAS /	IN AUTOPSY DRMED? 2X NO	AWAILABLE PRIOR TO		
20 2000	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	eth but not resultin	ig in the undaring in the unda	ying ceuse given in	Part I. 24e. WAS A PERF. 1 TYES	DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS		
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d	R/Outpatient 3 DOA	26 OTHER: 4 Nursing H	ying couse given in PLACE OF DEATH (Ch lome 5 Residence INJURY AT	Part I. 24e. WAS A PERF. 1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	R/Outpatient 3 DOA	OTHER: 4 Nursing H	ying couse given in PLACE OF DEATH (Ch lome 5 Residence INJURY AT WORK?	Part I. 24a. WRS A PERF-1 YES ack only one) 8 Other (Specify)	PRMED? 2 NO 1 INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO		
	CAUSE. (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	d	R/Outpatient 3 DOA JURY 28b. 1 Year) NJURY — At home, farm. (Specify)	26 OTHER: 4 Nursing TIME OF INJURY M 1 In, street, factory, o	PLACE OF DEATH (Ch Iome 5 Residence INJURY AT WORK? VES 2 NO Hice	Part I. 24a. WAS / PERF-1 YES ack only one) a Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and m	PRMED? 2 NO INJURY OCCU It and Number or e)	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED Rural Route Number,		
OF SOME SELECT STATES OF THE S	CAUSE. (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	d	R/Outpatient 3 DOA B/Outpatient 3 DOA B/Outp	OTHER: 4 Nursing H TIME OF INJURY M 1 [In, street, factory, o	PLACE OF DEATH (Ch Iome 5 Residence INJURY AT WORK? VES 2 NO Hice	Part I. 24a. WAS / PERF-1 YES ack only one) Cher (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and mittime, data and place, a	PRINED? 2 NO INJURY OCCU It and Number or e) anner as stated and due to the c	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED RURAL Route Number,		



TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After the field within 70 hours. DIVISION

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	JOYCE 4. SOCIAL SECURITY NUMBER	D. 5. SEX 6. AGE		HBURG		01 1	1 199	2 3:18 P.M			
	219-50-3039	4.77	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year,)	BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give s	A 1 14) 1116.	ah CITY TOWN (OR LOCATION OF E	12/14/		Balto. Md			
BO	6012 AMBERWOOD	ROAD		BALTIM			9c. COUNTY	OF DEATH			
5	RESIDENCE OF DECEDENT										
DIRECTOR	102.00011	,		Y, TOWN OR LOCAT	1110			10d. INSIDE CITY LIMITS?			
	Md Baltimore, Md 1 YES 2										
ER/	6012 Ambayusad Band										
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	UDA				RACE — American Indian, Black, White, afc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 X Divorced	ATES X NO	2 tz NO If yes, specify Cuban, Maxica				Black, White, afc. Specify:				
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BISINESS (MADLETTY)										
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of viife. Do NOT us	ork done during mode retired.)	st of working	16b. KIND OF	BUSINESS/INDUS1	TRY			
MPL			Housev	vife							
OS	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maid	len Surname)				
96	Howard O. Ra	ndolph			Blan	che Snow	den				
2	Charlotte R.	Toolsgon				Route Number, City or 1					
	20a. METHOD OF DISPOSITION	206	PLACEANDDATEC			e. Balto		21215			
	1 September 2 Cremation 3 Ramo	oval from Stata cem	etary, crematory or ot	her place)	rch Ce		LOCATION — City	ery Co. Md			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	a a		D ADDRESS OF F	ACILITY	ion egon	iery co. Ma			
	(Whoy!	1) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	Lero	у О. D	yett & S	on Fun	eral Hm			
	23. PARTI. Enter the diseases, or c	omplications that caused	the death. Do n	ot enter the mod	de of dying, suc	th as cerdiac or rea	AVE.	Balto.Md			
	interval Between Onest and Dasth										
	resulting in death) a. Chronic Alcoholism										
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, fif any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING	and the second s									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
resulting in deeth) LAST											
	PART ii. Other eignificent conditions	e contributing to deeth be	ut not resulting in	the underlying	ceuse given in	Pert I. 24a. WAS /	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL						1 XYES	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
								1 TYES 2 NO			
PHYSICIAN:	25 MMC CARE DESCRIPTION TO MEDICAL T										
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	28b, TIME			8 Other (Specify)					
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WOF	RK?	26d. DESCRIBE HOW	INJURY OCCURE	D			
2 Accident Investigation 1 TES 2 NO						t and Number or Ri	and Number or Rural Route Number,				
3 Suicide 6 Could not be detarmined 29s. PLACE OF INJURY — At home, farm, strast, factory, office 29s. LOCATION (Street and Number City or Town, State) 29s. PLACE OF INJURY — At home, farm, strast, factory, office 29s. LOCATION (Street and Number City or Town, State) 29s. PLACE OF INJURY — At home, farm, strast, factory, office 29s. LOCATION (Street and Number City or Town, State) 29s. PLACE OF INJURY — At home, farm, strast, factory, office 29s. LOCATION (Street and Number City or Town, State) 29s. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as state 20s. LOCATION (Street and Number City or Town, State)							(e)				
29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
Ö	2X XMEDICAL EXAMINER	: On the besis of axamination	and/or investigation	, in my opinion, de	ath occured at the	time, data and place,	and dua to the cau	use(s) and menner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER							ER 29d. DATE SIGNED (Month, Day, Year)				
O CME						01-1	12-1992				
DONALD G. WRIGHT MD DOME 111 PENN STREET BALTIMORE MARYLAND 2						AND 21201					
	JAN 1 4 1992	P. DEGISTARI'S SIGNA	Mindall								

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signed by the attending physician and Health and Mental Hygiene prior to

this certificate has been with the State Dept. of 1

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DIRECTOR: hours after

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	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9
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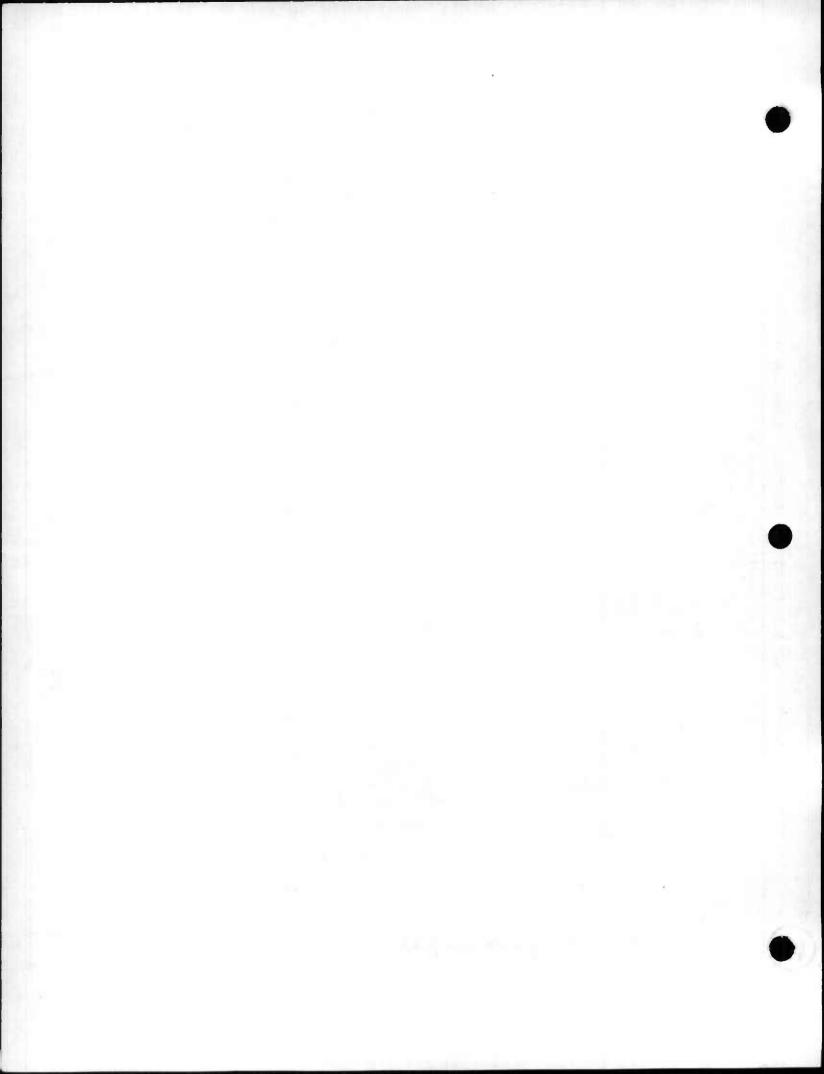
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Clyde Rivers 1992AR Januart 3:44 p 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 X M 2 | F 261-14-5943 102 YRS. 10-20-1889 South Carolin 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1340 Fremont Avenue 21217 US 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yee, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 YES 2 X NO 3 Widowed 4 Divorced Specify: Specify **Black** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Specify only high 16b. KIND OF BUSINESS/INDUSTRY COMPLET (Give kind of work done life. Do NOT use retired.) Elamentery/Secondary (0-12) Chemical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ Adron Rivers Amelia Rivers notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rose Grayson 1340 Fremont Av. Baltimore, MD 21217 pe 20a. METHOD OF DISPOSITION
t ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata examiner must Mt. Zion 4 Donation 5 Other (Specify) 1/11Balto. Co., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leven Irvin Carroll Funeral Home Eur 1712-14 W. North Avenue medicai 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such es cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death event, the disease or condition resulting in death) Sepsis DUE TO (OR AS A CONSEQUENCE OF): traumatic Myocardial Infarction CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immadiate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 shows any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 28. PLACE OF DEATH (Check only one) EXAMINER? X HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Realdenca 6 - Other (Specify) 4 - Nursi 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? marked. 28d. DEŞCRIBE HOW INJURY OCCURED 1 Xiatural 1 YES 2 NO BY 2 Accident 28 is r 3 Sulcida 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined COMPLETED 4 Homicide Item 29e. CERTIFIER

(Check only

1 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Louka N/A 1-3 -92 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) General Hospital Hassan Maryland

32 REGISTRAR'S SIGNATURE





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	Ī	3. TIME OF OEATH			
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			yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH.	8. BIRTH	PLACE (State or Foreign			
	2.0 01 10//	1 × M 2 □ F 8	4 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 1	0,1907	Countr	Maryland			
œ	9s. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		NTY OF O				
0	5664 Woodmont	Ave. Apt.	A	Ba1	timore							
EC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				10d. INSIDE CITY			
D	Maryland		Ba	altimore	Citv				LIMITS?			
AL	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITI	ZEN OF W	THAT COUNTRY?			
FUNERAL DIRECTOR	5664 Woodmont Ave.	Apt.	Α		21239			U.S.	Α.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yea or No-	14. RACE	- American Indian, White, etc.			
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	15. OECEDENT'S EDUCA	TION	16. DECEDENT'S	USUAL OCCUPAT	ON	Lan. Wave			White			
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during m	ost of working	166, KIND	OF BUSINESS/IND	USTRY				
7	12 yr's	conege (1-4 or 5+)	Beth. S	Steel								
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Maiden Surname)					
BE	Lucien	Rayn	nond			Rose	,		Unknown			
10	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street			or Town, State, Zip	Code)				
-	Mrs. Jennie E. Raymond 19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City of Town State											
	4 Donation 5 Other (Specify) Holly Redeemer 1/14/92 Baltimore, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. Baltimore, MD 21214											
	Tan L. Harts	rela)			nard J. 1	Ruck,Inc	. 5305	Hart	ford Rd.			
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	nplications that caused	tha daath. Do r	not anter tha me	oda of dying, au	ch aa cardiac o	r reapiratory arr	eat,	Approximata			
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	disease or condition resulting in death)	Arterios	clerot	ic Car	diovaso	ular D)isease					
		DUE TO (OR AS A C	CONSEQUENCE OF	F):								
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CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A C	CONSEQUENCE OF	F):								
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E	resulting in death) LAST			,					İ			
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¥	PART II. Other aignificant conditions	contributing to death but	t not reaulting i	in tha underlyin	g causa given in	F	MAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă						1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL											
Sign	EXAMINER?	IOSPITAL:		OTHER:	LACE OF DEATH (C)							
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	lant 3 DOA		10 5 13 Residence							
	1X Natural 5 Pending	(Month, Day, Year)	INJ	URY W	DRK? YES 2 NO	280. DESCRIBE	HOW INJURY OCC	URED				
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COMPLETED	4 Homicide 6 Could not be determined	building, atc. (Specify	1)	,	•	City or Town	, State)	or murai m	oute Number,			
۳	29a. CERTIFIER 1 CERTIFYING PHYRICIA	N: To the heat of an inches			W. S. A. C. A. C.							
M M	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowled On the basis of exemination a	and/or investigation	n. In my opinion.	and place, and dur	time data and al	nd menner as state	d.				
	29b. SIGNATURE AND TITLE OF CERTIFIER			,, opinion,								
ᆱ	10 ra . 0 1 4 (.).	Le mo			29c. LICENSE NU	MBER	29d. DATE	SIGNED	(Month, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	Print)	0.0.	M.F.		1-11	-92			
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH MONTH E 101 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (Stets or Foreign 1 - M 2 DAYS HOURS YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10 MORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 212 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, While, etc. 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced AC 15. DECEDENT'S EDUCATION lectly only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) ACKER 17. FATHER'S NAME (First, Migidle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KNOU VPrint) 19b. MAILING ADDRESS (Str. State, Zip Code) ILSON Ho KAMST 206. PLACE AND DATE OF DISPOSITION (Name o 20c. LOCATION DATE MI 110 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CO WM, C. BROWN CO 1206 W. NORTH H 20001 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset end Daeth disease or condition DUE TO (OR AS A CONSEQUENCE OF): JACHYCARDIA resulting in death) HYPURTENSIVE CAMIOUNONARTH Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): HYPUTENSION DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS CERESPONSIULLY accident PERFORMED? WAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 HES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpetient 2 | EN/Outpetient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 12 Natural S Pending Investiga 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 2 Suictée 291, LOCATION (Street and Number or Flural Foults Number, City or Team, State) 6 Could not be 4 🔲 Homicide CERTIFYING PHYSICIAN PAGE DATE SIGNED (Morth, Day Year) 1)2500 LETED CAUSE OF DEATH (ITEM 27) (Type, Prest) 31. DATE FILED (Month, Day 2607) 32. REGISTRAR'S SIGNATURE 194



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	92-0127-510 It	STATE OF MA	RYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL HY	GIENE	9	2 0064	
	1. DECEDENT'S NAME (First, Middle, Last)		- 0.		ICAIL O	DEATH	2. DATE OF DE	ATH		3. TIME OF DEATH	
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	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	st birthday) YRS.	MONTHS DAYS		7. DATE OF BIR (Month, Day, OCT.		A BIOTH	ARYLAND	
~	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. CO	UNTY OF DE		
DIRECTOR	Johns Honkins Hospital - P. I. C. U. Baltimore RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 1001 INSID										
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D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YE	S 2 NO Specify	y:			HITE	
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BE CC		NSTEIN				18. MOTHER'S NA MAR		Maiden Sumeme) TISTA			
2	19a. INFORMANT'S NAME (Type/Print)		19		_	and Number or Rural I					
	MICHAEL RUBENSTE	IN				URNE RD.	BALTO.		L208		
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	21. SIGNATURE OF FUNERAL SERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC.										
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	23. PART I. Enter the diseases, or shock, or heart failure. If IMMEDIATE CAUSE (Final diseases or condition resulting in death)	Subdural	on each lina	oft t	issue 1					Approximats interval Between Onsst and Death	
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEC	DUENCE OF) :				-		
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	27. MANNER OF DEATH 1 Natural Spending	28e. DATE OF INJU (Month, Day, Ye	JRY	28b. TIME	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE		CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, atc.	JURY — At hor (Specify)	me, farm, st			281. LOCATION (S City or Town,	Street and Number State)	or Or Rural Ro	ute Number,	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the beet ot my I	cnowledge, de	nth occurre	d at the time, dat	and place, end due	to the cause(e) en	d menner ee ats	rted.		
S	2 X MEDICAL EXAMINER									end manner ee stated.	
BE	296. SIDE AND TITLE OF CERTIFIER	C M	0			29c. LICENSE NUM			_	Month, Day, Year)	
2	D. NAME AND ADDRESS OF RERSON WHO	COMPLETED CAUSE O	F DEATH (ITEN	1 27) (Type,	Print)	1 0.C.M.	15 .	1,0	1 0	9 1992	
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician,	FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transfe	9	160
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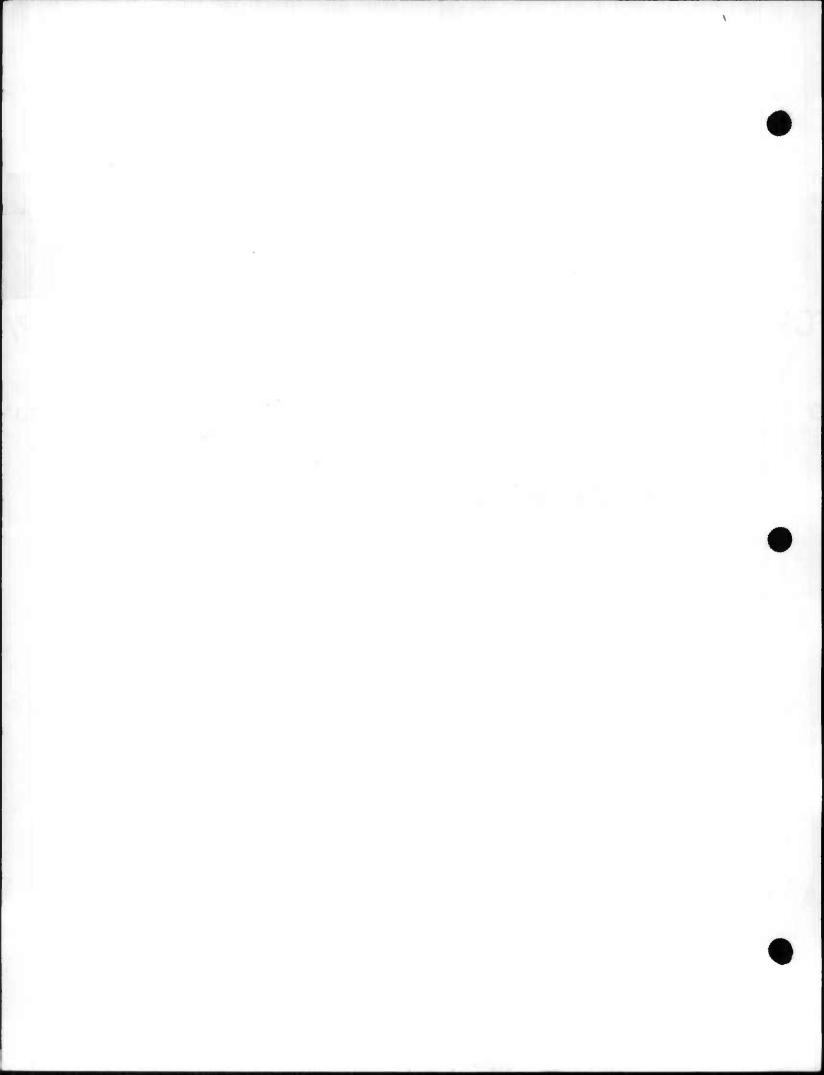
nit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE DO THE Be fied

1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 :10 BARBARA Jan **AGNES** SMITH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SFX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 - M 2 X F DAYS HOURS 79 YRS. 216-09-2865 4-16-1912 Baltimore Md Se. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6018 Falkirk Rd 21239 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FURCES? 1 YES 2 NO 1 Never Married 2 X Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. 12 yr s College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Kolar Joseph Josephine Dusck BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as #10 Mr. Amos M. Smith 20a, METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Parkwood Cem. 1/16/92 Baltimore.MD. □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Paul L. Hartsock, Jr. Baltimore, MD tand Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition___ resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate DUENE cause. Enter UNDERLYING **CAUSE** (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES NO estient 2 - ER/Outpetient 3 - DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide ETED. 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. MATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type 9 31. DATE FILED (Morith, Day, Year) 32. REGISTRAN'S SIGNATURE 1992 who Day don Mandall



FOR STATE REGISTRAR

31. DATE FILED (MO

1. DECEDENT'S NAME (First, Middle, Last)

1 -

Earl J. Sanders 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 216-01-5112 1 X M 2 □ F 83 YRS. this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

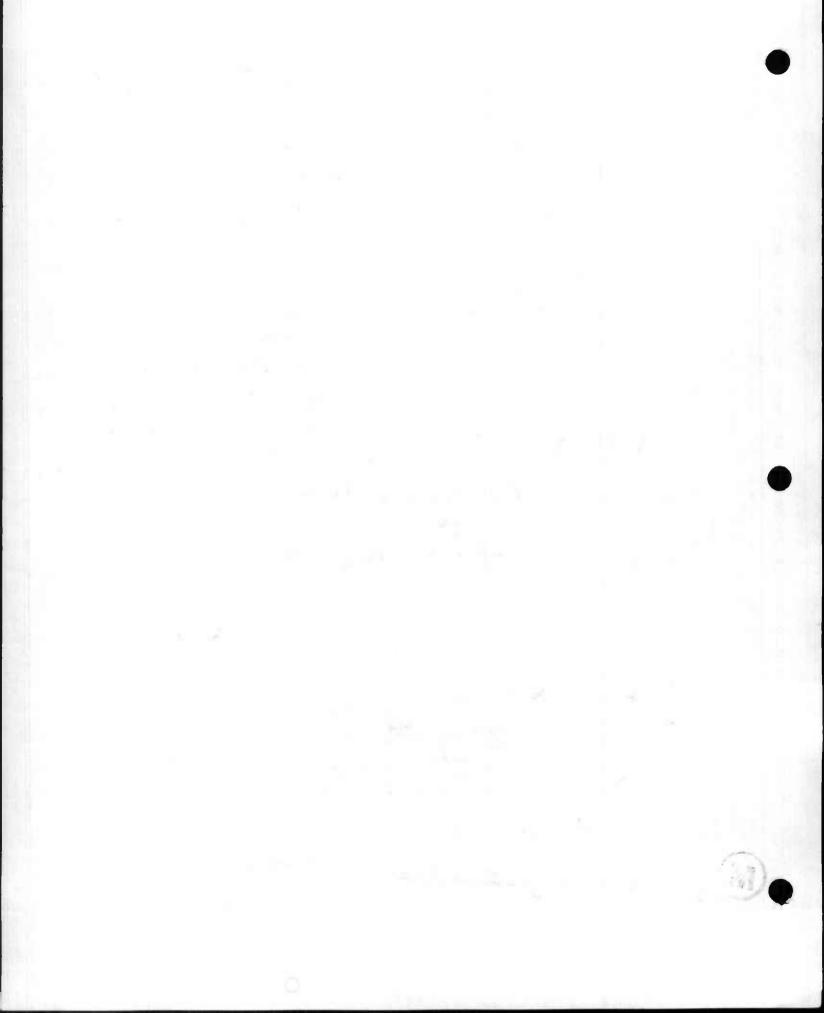
**Red, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DIRECTOR Union Memorial Hospital kBaltimore Cit 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore City FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2800 Gibbons Avenue. Baltimore, Maryland 21214 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Maxic 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 TYPE 3XXWidowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Sales Rep 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N Julius Sanders Marc BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pura 2 Mrs. Sue Ann O'Neill 8512 Drumwood Road 20a. METHOD OF DISPOSITION
1 □ Burlai 2 ☑ Oremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) Green Mount Cemetery 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F Bradley-Ashto 2134 Willow S the diseases, or complications that caused the death. Do not enter the mode of dying, au 23. PART I. Enter shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate Sibolovin Letto cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO OR AS A CONSEQUENCE OF: that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with timPORTANT: If Item 28 is marked, 1 Natural м BY N/4 1 YES 2 NO 2 Accident 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and du 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the 29b. SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NU BE 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typg, Print)

HITTERSTAND SIGNATURE INCLUDE

STATE OF MAI	RYLAN	D / DEP/	ARTM	FNT OF I	IFALTH AND	MEN	TAI HYGIFN		2	0061	: 9
					DEATH	2. D	REG. NO		YEAR	3. TIME OF DE	EATH
						_	January !		192	134	O M
SEX 6.	AGE (In yr	3. last birthda YRS	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D.	ATE OF BIRTH A forth, Day, Year) 4-26-19	08	8. BIRTI Count	HPLACE (State or	Foreign
end number)					or Location of			9c. COU	NTY OF E	DEATH	
		10c. 0		wn or Loca	TION e City					10d. INSIDE CLIMITS?	
ue. Balt	imo	re, Ma		10	1. ZIP CODE 21214	1			S.A.	WHAT COUNTRY	
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OSPITAL:	/Outpatler	# 3 □ DOA		HER:	ACE OF DEATH (C		07 111 15			707.1	
28a. DATE OF INJU (Month, Day, Y	URY har)	28b. T	IME OF	28c. INJ WO		_	DESCRIBE HOW IN	JURY OC	CURED		
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N: To the best of my											
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FOR STATE REGISTRAR

STEVEN 4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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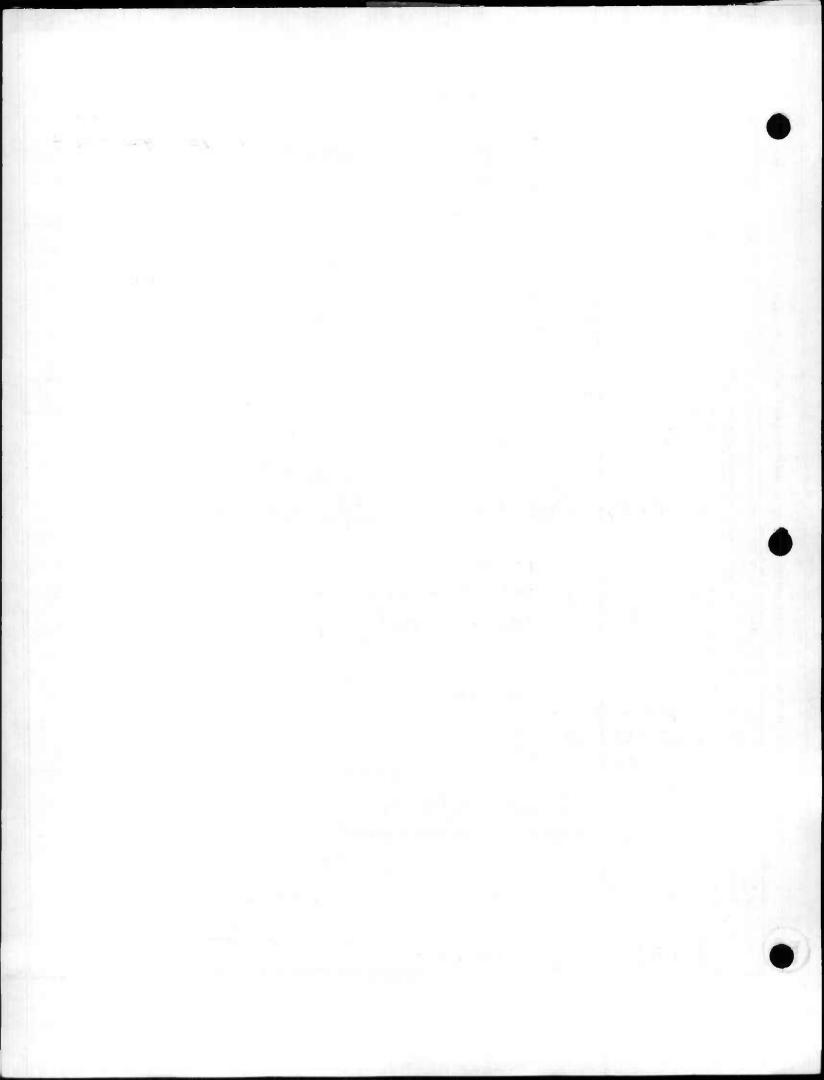
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220-94-7408 1X M 2 | F burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF D DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT Maryland 10c. CITY, TOWN OR LOCATION Baltimore FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 2019 Derrickson Road 21207 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPA 1 Never Married 2 Married If yes, specify Cuban, Maxic BY 3 Widowed 4 X Divorced 1 TYES 2 NO use as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5+) Manager page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N Harold Sherman notified at Ann C. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural 2 Mr. Harold Sherman 2019 Derrickson Rd. B pe 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, Green Mount Crematory examiner 21. SIGNATURE OF FUNERAL SERVICE LICRISEE 22. NAME AND ADDRESS OF F within 24 hours after death. Sterling Ash tielly M00550 ysician and completely filled in by the prior to burial, cremation, or removal. 736 Edmonds medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disesse pr condition Direumonia event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): traumatic metastatic CERTIFICATION Creucon lus Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician I Mental Hygiene prior to csuse. Enter UNDERLYING CAUSE (Disease or injury - Small rel l other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in MEDICAL has been signed by the Dept. of Health and shows any paramothora pulmonor fibrosis PHYSICIAN: the State Dept. item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DE DEATH (C) EXAMINER? this certificate HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Rasidence 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? with is marked. 1 Natural 5 Pending OIRECTOR: After thours after death I YES 2 NO BY 2 Accident OR ATTENDING 28s. PLACE OF INJURY — At home, farm, strest, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 28 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the lime, data and place, and du (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the 29b. SIGNATURE AND TOTLE OF CERTIFIER THE BE 29c. LICENSE NU 뿚 Mec 1119-D414 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 1 4 1992 32. REGISTRAR'S SIGNATURE

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STATE OF MAI	RYLAND /	DEPAR	TMENT	OF I	DEA	AND	MEI		GIENE G. NO.	9	2	00650	
. SHERM		R.						DATE OF DE			YEAR	3. TIME OF DEATH 8:18 A M	
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ad				101	2120	_			10	-	S.A.	WHAT COUNTRY?	
2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Specific Cuban, Maxing In Yes 2 No Specific C							ın, Pu	RIGIN? (Specarto Rican, a	olfy Yea or N		14. RACE	E — American Indian, k, White, etc.	
10N mpleted) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Manager Building Maint													
						HER'S NA		irst, Middle, A	Maiden Surni	ame)			
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fibrosi:	5			20 DI	ACE DE D	PATE OR						1 YES 2 NO	
OSPITAL: ■ Inpatient 2 □ ER/	Outpatient 3	□ DOA	OTHER:		O 5 Ra			one) Other (Specif	y)				
28a. DATE OF INJU (Month, Day, Ye	RY nr)	28b. TIME INJU		BC. INJI	RK?] NO	28d.	DESCRIBE I	HOW INJUR	Y OCC	URED		
28a. PLACE OF INJ building, atc. (URY — At hor Specify)	ne, farm, si	reat, factor	ry, office	•		281.	LOCATION (S City or Town,	Street and No State)	umber d	or Rural A	oute Number,	
to the beat of my k												and manner as stated.	
- 119°)				29c. LICE		BER					(Month, Day, Year)	
MPLETED CAUSE OF	DEATH (ITEN	27) (Type,	Print)			117/					/(116	



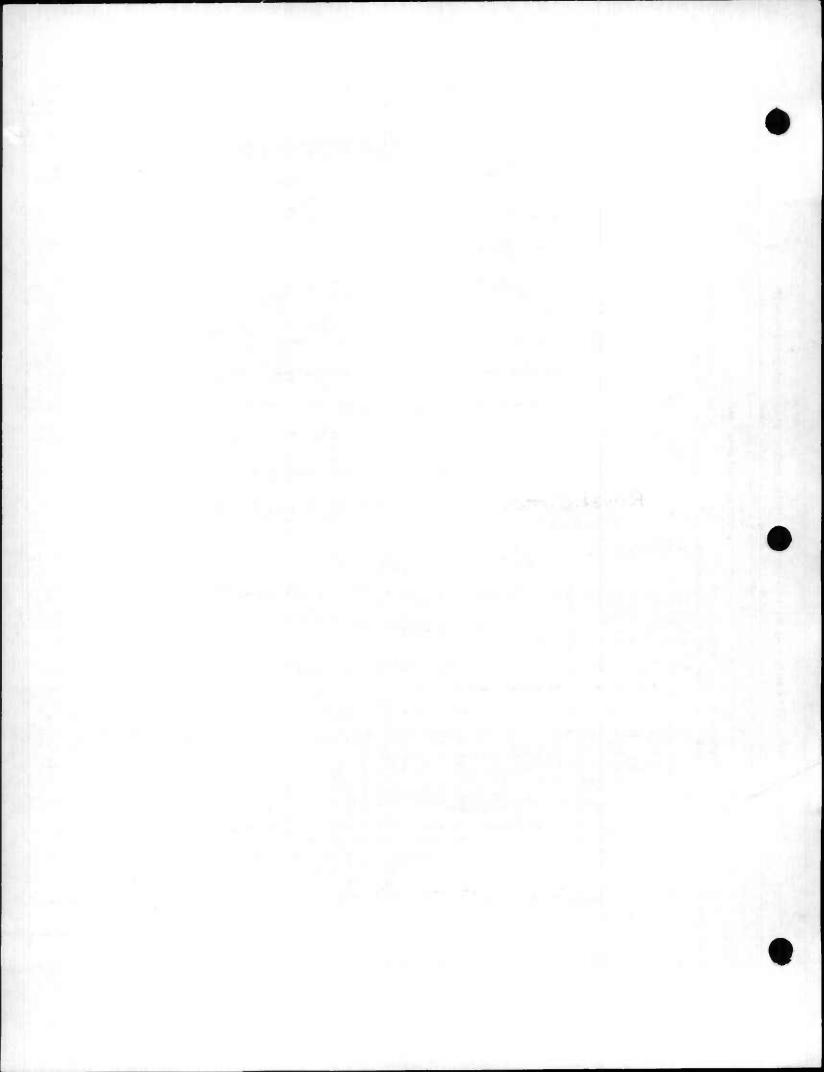


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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAT	E OF	DEA	TH		G. NO.		92 006	_
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	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le		IF UNDE	R t YEAR	IF UNDER	R 24 HRS.	7. DATE OF BI	, 12 _.	1992	BIRTHPLACE (State or Fore	M . "
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	9e. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN O	R LOCATI	ON OF D	EATH			OF DEATH	
PO	Good Samaritan H	ospital			Ba	ltim	ore						
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCATI	ON					484 MISIDE CITY	
PHO	Maryland				ltin							10d. INSIDE CITY LIMITS? 1 X YES 2 N	
AL	10e. STREET AND NUMBER		-		1 0211		ZIP CODI	E		100	CITIZEN	OF WHAT COUNTRY?	
ÆR	1632 Ralworth Rd.						2121	8			.S.A		
FU	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13.	WAS DECE	NDENT C	F HISPAN	NIC ORIGIN? (Spe	ocify Yee or No		RACE — American Indian, Black, White, etc.	,
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 YES			n, Puerto Rican,	elC.)	- 1	Specific	
	15. DECEDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	<u> </u>		40h VIIID	OF BUSINESS	-	White	_
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MPL	6 Yrs.		Se	eamst	ress								
CO	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, Middle,	Maiden Surner	ne)		
BE	Thomas Eline 190. INFORMANT'S NAME (Type/Print)						Ann		Veasey				
70	Bernita Fritz		19						Route Number, Cit			de)	
			20b. PLACE					., B	alto.,				
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Remo	oval from State	CONTRACT CA	Tand	the place	eter	ne 07	1_1	5-92	Ralto	N — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC ROY H. Cather	ENSEE	1.0.0	14114		NAME AN				Darco.	, 11	u.	
	Roy H. Cauler					anaud	1 0	unle T	5005	UC.	1.0.1	5.31	04.
	23. PART I. Enter the diseases, or c	omplications that	caused the de	eath. Do r	ot ente	the mod	e of dyl	ng auc	HU.,5505	Hartor	RO.	,Balto.,Md.212	_
	ahock, or heart failure. I IMMEDIATE CAUSE (Final	lat only one cause	e on each line	0.			o or cy.	ng, auc	i da carolac o	rrespiretory	arreat,	interval Bety	ween
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ON	Sequentially list conditions.	CRE TO (O	brov	asc	calo	2V		dis	ease			1 mon	itt
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (C	OR AS A CONSE	OUENCE OF	7):								
은	CAUSE (Disease or Injury that initiated events	OUE TO (C	R AS A CONSE	OUENCE OF	7:								
H	reaulting in death) LAST											İ	
	PART il. Other algnificant conditions	contribution to d	anth hus and										
PHYSICIAN: MEDICAL	Romal L	8.1. ve	eath out not i	reauting t	n the u	naeriying	cause g	iven in	Part I. 24s.	MAS AN AUTOP PERFORMED?	SY	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO	
ED	-								1 🗆	YES 2 NO	·	OF DEATH?	SE
. X									—			1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF DE	EATH (Che	ick only one)				-
SIC	EXAMINER?	HOSPITAL:	R/Outpetient 3	DOA	OTHE	R:			a Other (Spec	lfv)			
PH	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIMI		28c. INJU WOR	RY AT	I	28d. DESCRIBE		OCCURE	D	_
BY	1 Accident 5 Pending Investigation				М	1 🗌 YE	S 2 🗌	NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF I building, et	INJURY — At ho c. (Specify)	ome, ferm, s	treet, lec	ory, office			28I. LOCATION City or Town	(Street and Nur , Stete)	nber or R	urel Route Number,	
	20a CERTIFIED				_								
COMPLETED	(Check only	IAN: To the best of m	y knowledge, de	eth occurre	d at the t	lme, dete a	nd place,	end due	to the cause(e) a	nd menner se	stated.		
11	29b. SIGNATURE AND TITLE OF CERTIFIER	2200 01 800	TOWN THE TOWN	veedget(0)	, m my c					ace, end due t	the cau	use(s) end menner es state	id,
W	10 CENTIFIER	1 11	,		nA .		z9c. LICEI	NSE NUM	BER	29d.	DATE SIG	NED (Month, Day, Year)	
0 8	10 and 1	21 (1.	VO-			/ /				1 1	1 /	1100	

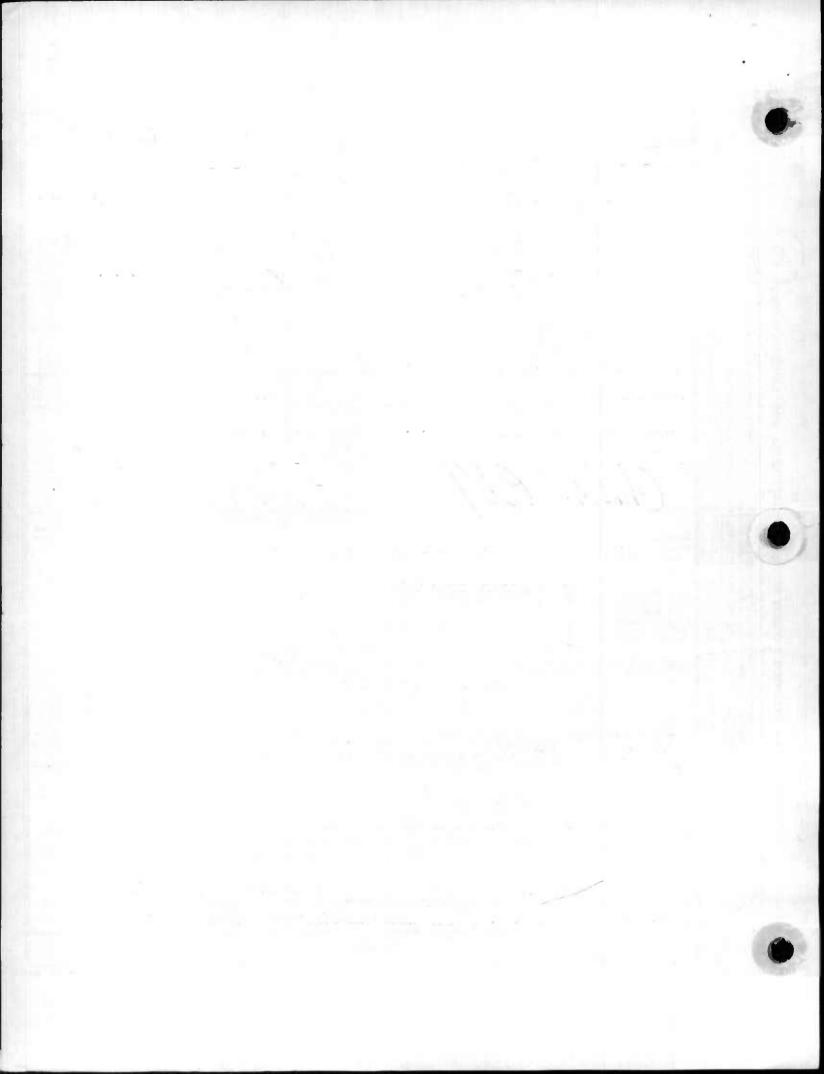
32. REGISTRANT DHMH-16 Rev 1/89



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STATE OF MARY	LAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
	Navada STARKEY			2. DATE OF DEATH MONTH January	0, 1992 4:00P M		
4. SOCIAL SECURITY NUMBER 216-28-5474 99. FACILITY NAME (# not instit	1 M 2XXF 7	6 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 6-22-1915	T DI TO DI T DI T		
	IARE HOSPITAL	9b.	ROSSVILLE	DEATH	Baltimore County		
MARYLAND	BALTIMORE	10c. CITY, TO	NN OR LOCATION DUNDALK		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
7	107 DUNSHIRE WAY B-3		101. ZIP CODE 21222	2	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
3 Widowed 4XXDivorce	IE VES CIVE WAS ON	N U.S. ABMED 2X XNO PATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an Puerto Ricen etc)	r No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECED (Specify only his Elementary/Secondary (0-12 9TH GRADE) 17. FATHER'S NAME (First, Middle)	ENT'S EDUCATION gheat grade completed)) College (1-4 or 5+) N/A	16a. DECEDENT'S USUJ (Give kind of work of life. Do NOT use retir HOME MAK	one during most of working ed.)	16b. KIND OF BUSIN	HOME		
JACK SHIFLET			GL	AME (First, Middle, Melden Su ISSIE LAMB	·		
BONNIE WRIGH	Т		RESS (Street and Number or Rural 1388 EASTON	I, MARYLAND	Stein, Zip Code) 21601 TION — City or Town, State		
1 N Buriel 2 Cremetion 4 Donation 5 Other (St	EPIVICE LICENSEE		7922 WISE A	1992 BAI UNERAL HOME VENUE DUNDA	LTIMORE, MARYLAND OF DUNDALK INC. LK MD 21222		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS . Severe br	bstructive A CONSEQUENCE OF): Onchitis	pulmonary dis		tory arrest, Approximata Intervel Batween Onset and Death		
if any, leading to immedia	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significent	conditione contributing to death to Congestiv	out not resulting in the re heart fa	underlying cause given in Llure	Part I. 24a, WAS AN AU PERFORME	ED? AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 XNO 27. WANNER OF DEATH	HOSPITAL:		28. PLACE OF DEATH (C				
- Matural 3 Per	28+. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJU	URY OCCURED		
	2 Accident 3 Suicide 6 Could not be building, etc. (Specify)				Number or Rural Route Number,		
29e. CERTIFIER (Check only 1 Orne) 2 MEDICAL	ING PHYSICIAN: To the best of my know	riedga, death occurred at t	he time, date end place, end du	to the ceuse(e) end menne time, date and place, and d	r ae stated.		
296. SIGNATURE AND TITLE OF	Sandson M	0	29c, LICENSE NU A 5 4 7 9 5	MBER 2 3651-59171	9d. DATE SIGNED (Month, Day, Year) 1-10-92		
Dr. Neil Sa	enson who completed cause of de andson, M. D.	9000 1	Franklin Squar	re Drive - 2	21237		
31. DATE FILED (Month, Day, 164)		ATURE PROPERTY	12.				



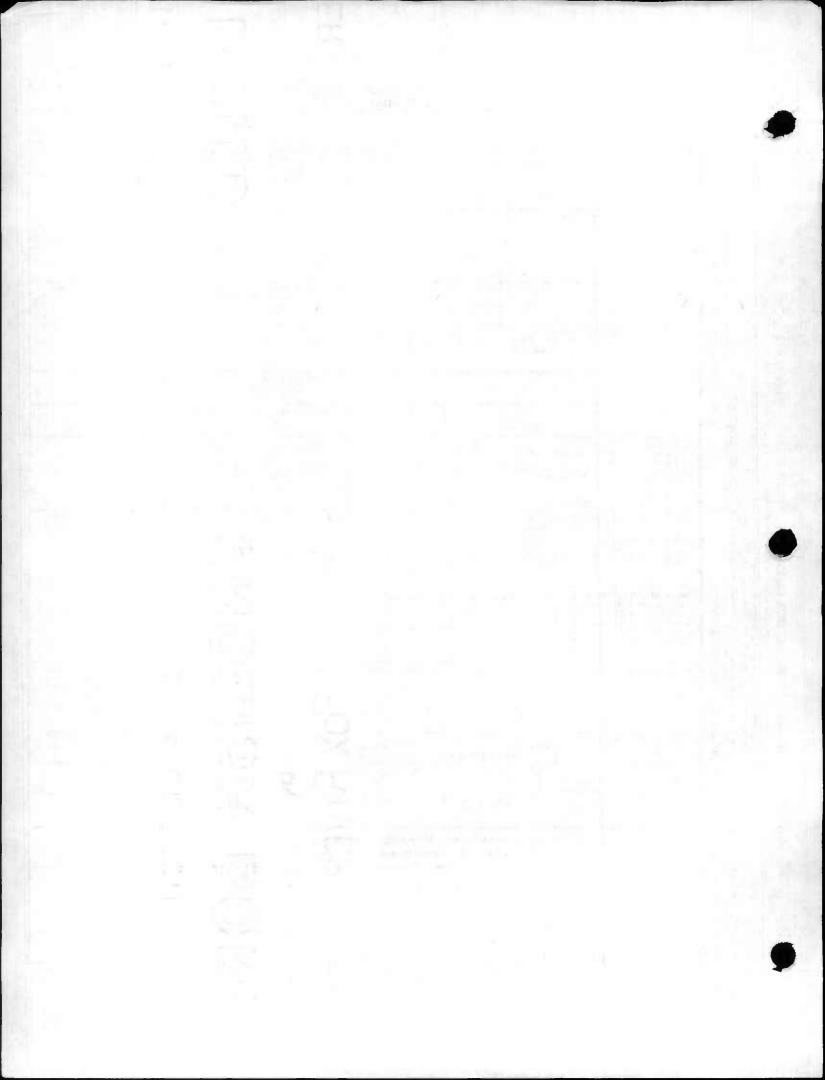
0020	ng physician.	he burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nous after death. Page 6 may be retained by the hospital or attending physician.	L OIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
	the death certificate be executed within 24 nours after	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that	OIRECTOR: After this certificate has been signed by

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the host TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

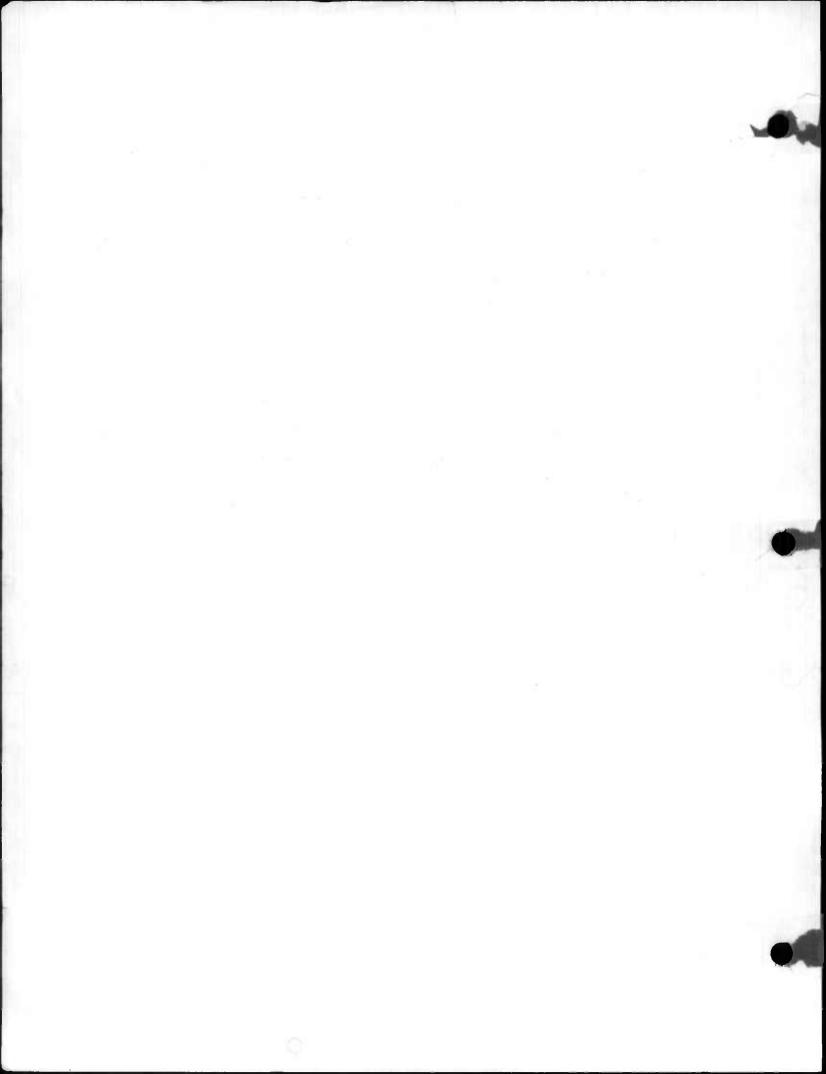
TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFIC	CALE OF	DEATH		REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last) Max Seifter					2. DATE MONTH	OF OEATH 9DAY	92 ^{YEA}	3. TIME OF OEATH 0520 A	
4. SOCIAL SECURITY NUMBER 218-36-1099	5. SEX 6. AGE 1 M 2 F 80		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH	8. Be Co PC	IRTHPLACE (State or Foreign outliny) Dland	
9a. FACILITY NAME (If not institution, give s STELLA MARIS				OR LOCATION OF O				Y OF OEATH BALTIMORE	
10a. STATE 10b. COUNT NEW YORK	Υ	10c. CITY,	TOWN OR LOCAL	TION ISLAND C	ITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 4105 43RD ST.,	APT. D-3		10	f. ZIP CODE	104		10g. CITIZEN (OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If yes, at	CENDENT OF HISPA Decity Cuben, Mexic S 2 X NO Speci	en, Puerto F		E	RACE — American Indian, Black, Whita, etc. Specify: WHITE	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ilfe. Do NOT use	ork done during m	ost of working	16b.	KIND OF BUSI	FINANC		
17. FATHER'S NAME (First, Middle, Last) JACOB SEIFTE	R			18. MOTHER'S N.	AME (First, I				
19a. INFORMANT'S NAME (Type/Print) MR - ERNEST SEI	FTER		41.	and Number or Rural BROOK RD		ber, City or Town, ANDALLS			
21. SIGNATURE OF FUNERAL SERVICE LI	e Levin	0 (700)		LEVINSC		BROS, I	NC.		
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on a	ed the death. Do no each line.	ot enter the manknown	DETSTED	FSTO	IN PD	PALTO	Approximate Interval Between	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Adenocarci DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	ad the death. Do no each line. **NOMA OF 1 A CONSEQUENCE OF A CONSEQUENCE OF	inknown	personen ode of dying, su primary	CSTON.	IN PD	PALTO	Approximate Interval Between	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Adenocarci DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	ad the death. Do no each line. **NOMA OF 1 A CONSEQUENCE OF A CONSEQUENCE OF	inknown	personen ode of dying, su primary	CSTON.	IN PD	DAT TY atory strest,	Approximate Interval Betwee Onset and De Ons	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. Adenocarci b. OUE TO (OR AS c. DUE TO (OR AS d. HOSPITAL:	ad the death. Do neech line. NOME OF 1 A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	inknown i: i: i: i: i: i: i: i: i: i	primary primary g cause given in	n Part I.	24a. WAS AN A PERFORM	BAT TY story strest, uitopsy AEO? NO	Approximate Interval Betwee Onset and De Ons	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	S. Adenocarci S. Adenocarci DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	the death. Do not be the death in a consequence of a consequence of a consequence of a consequence of a consequence of but not resulting in the death of the deat	26. IOTHER: 4 Underlyis OTHER: 4 Underlyis M 1 Underlyis	DETCHED ode of dying, su primary ng cause given in PLACE OF DEATH (C me 5 Raeldance LJUSY AT ORK? YES 2 NO	n Part I.	24a. WAS AN A PERFORM 1 YES 2	WITOPSY AED? NO	Approximate Interval Betwee Onset and Designation of Completion of Country of Death? 1 Yes 2 No	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	S. Adenocarci DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	the death. Do neech line. The death in the death in the death in the death. Do neech line. The death in the death in the death in the death in the death in the death. The death in the d	26. IOTHER: 4 Underlyis OTHER: 4 Underlyis M 1 Underlyis	DETCHED ode of dying, su primary ng cause given in PLACE OF DEATH (C me 5 Raeldance LJUSY AT ORK? YES 2 NO	n Part I.	24a. WAS AN A PERFORM 1 YES 2	WITOPSY AED? NO	Approximate Interval Betwee Onset and Des On	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined. 29a. CERTIFIER (Check only)	SCICIAN: To the beats of axaminati	the death. Do neech line. **Noma of a A CONSEQUENCE OF A	ot enter the management of the	DETCHED ode of dying, su primary og cause given in PLACE OF DEATH (C) me 5 □ Raeldance IJURY AT ORK? YES 2 □ NO ice	n Part I. Check only or 28d. DE 281. LOCCity as to the case lime, date	24a. WAS AN A PERFORM 1 YES 2 SCRIBE HOW IN CATION (Street ar or Town, State)	NO STORY STREET, NO STORY OCCURE and Number or A	Approximate Interval Betwee Onset and Designate Interval Betwee Onset and Designate Interval Betwee Onset and Designate Interval Between Interval Principles (Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interval Principles Interval Principles Interval Principles Interval Principles Interval Principles (Interv	



'AL RECORDS, P.O. BOX	13146,	AL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
The law requires that the death certificate be	executed within	The law requires that the death certificate be executed within a crows after death. Page 6 may be retained by the hospital or attending physician.	
te has been signed by the attending physician	and completely	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfil permit. Pages 1, 2, 3 should	if permit. Pages 1, 2, 3 should
ate Dept., of Health and Mental Hygiene prior to burial, cremation, or removal.	to burial, crema	ion, or removal.)
23 shows any injury, or other traus	matic event.	om 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR STATE OF MARYLAND / I CE	DEPARTM RTIFICA	ENT OF HI	EALTH AND N DEATH		YGIENI EG. NO.	92	00654
	1. DECEDENT'S NAME (First, Middle, Last) + STEIN H	RN			2. DATE OF D	DAY DAY	9 9 Y	3. TIME OF DEATH 9.50 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lool II		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 2/28	IRTN (Year) 3/19]	1000	BIRTNPLACE (State or Foreign Country) MARYLAND
E I	9a. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTON				EATN 9c. COUNTY OF DEATN			
ธั	RESIDENCE OF DECEDENT		WN OR LOCATI					10d. INSIDE CITY
DIRECTOR	MARYLAND		BALTIMO	RE				1 XES 2 NO
FUNERAL	3601 CLARKS LA., APT. 328		10t.	21215			16	USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		If yes, spe	ENDENT OF NISPAN leify Cuban, Maxicar 2 NO Specify	n, Puarto Rican		or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUCATION 18e. DEC	EDENT'S USU	AL OCCUPATIO	N .	18b. KIN	D OF BUS	INESS/INDUS	
COMPLETED	Florester/Percenter (0.12) College (1.4 or 5.1)	e kind of work Do NOT use re ARCHI		at of working		DES	SIGN	
SON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle	e, Melden	Surname)	
BE (SAMUEL STEINHORN 198. INFORMANT'S NAME (Type/Print) 190.	MAILING AD	DBESS /Stenat or	PAU	JLINE	WEXI		del
임	MRS. PHYLLIS J. STEINHORN 3	601 C	ARKS I	A., APT.		BAL	10. MD	21215
ŀ	1 Burial 2 Cremation 3 Removal from Stata other place	ce)		SHIP 1/1	2/92			ORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY			OKLIT FILT
	· frm ff Jynna	-		LEVINSON REISTERST				MD 21215
	23. PART I. Entar tha diaases, or complications that caused tha das shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diaese or condition resulting in death) DUE TO (OR AS A CONSECUENCE OF THE CAUSE OF THE	ORY						intarval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
Z	ar was story perference to Michigan		00 81	ACE OF DEATH (Ch	ant anti ana)			
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		THER:	e 8 Realdence		nec#v1		
3HX	27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ				NJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation	and the same of the		YES 2 NO	204 1 00471	DM (Ptmat	and Mumber of	Dumi Cauta Mumbar
	3 Suicida 8 Could not be 4 Homicide 8 Could not be determined	me, farm, stre	et, factory, offic	4	City or R	bwn, State,	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deal of my knowledge, deal of examination and/or in							
BE	296. SIGNATURE AND VITLE OF CEATIFIER			29c. LICENSE NU	MBER 3	13	29d. DATE S	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	RA1	VOAU	STOW	w,	MO	211	33
	31. DATE FILED (Month, Day 2008) - 32. REGISTRAR'S SIGNATURE	11. 4	1.46	VI.				
	JAN 14 1992 Gulie Jeu		HIS FRE					



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending page.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn and such that is commended to the commendation of many that commended the commendation of the comme	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

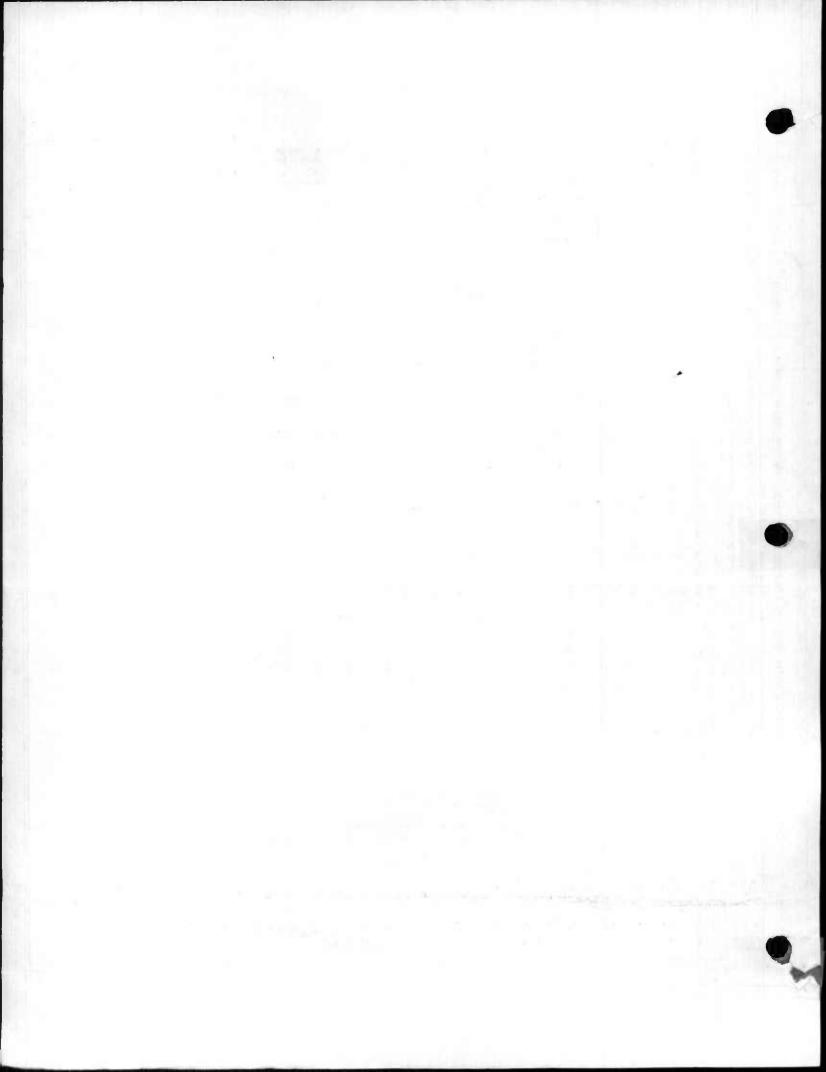
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

mit. Pages 1, 2, 3 should

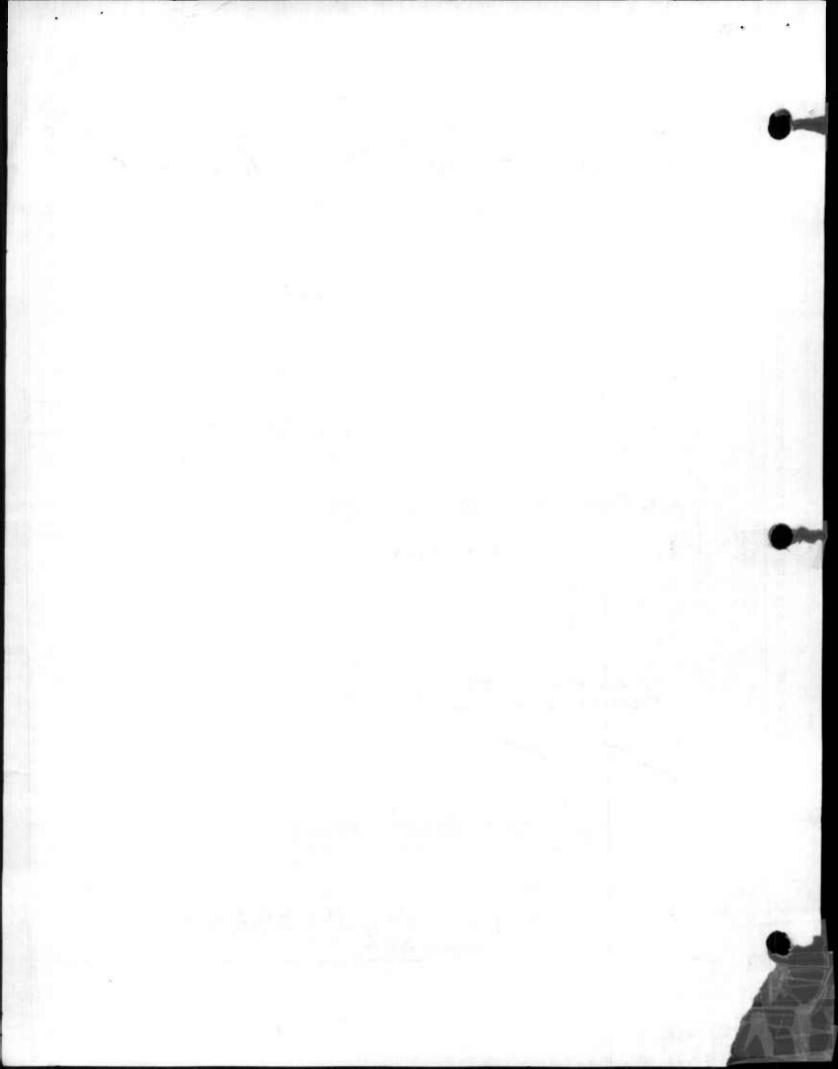
FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	HILL	ICAII	= UF	DEA	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN SMELTZ								2. DATE OF MONTH	DI	1992	YEAR	3. TIME OF OEATH 10:56 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH	1772		PLACE (State or Foreign
	166-14-6383	1 🔀 M 2 🗌 F	68	YRS.	MONTHS	DAYS	FEB. 18, 1923 PA						
œ	99. FACILITY NAME (If not institution, give NATIONAL NAVAL ME		IMED.				OR LOCATI	ON OF DE	ATH			NTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT	EDICAL CEN	VIER		В	ETHE	SDA				MOI	NTGO	MERY
E	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
		IRFAX			VIENNA					1 YES 2X NO			
FUNERAL	100. STREET AND NUMBER 9024 TRAILRIDGE	OTT				101	. ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						221				UNITED STATES		
	1 Never Married 2 Merried		X YES 2 N			If yes, sp	ecify Cube	n, Mexice	IIC ORIGIN? (S	specify Yes n, etc.)	or No-	Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	17 123, GIVE W	AN ON DAIES			I L YES	2 ₹ NO	Specify	r.			Specify	WHITE
	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	/GA	CEDENT'S	vork done	CCUPATIO	ON st of working	ng	16b. KJ	ND OF BUS	INESS/IND	USTRY	TVA 2 de de ded
الا	Elementary/Secondery (0-12)	College (1-4 or 5+) ///e.	DO NOT US ITED	retired.)	COL.	4 D) (77				_		
COMPLETED	17. TATHER'S NAME (First, Middle, Last)	- 1	UN.	LIED	SIA.	LES .		HED'R MAI	ME (First, Midd	EFEN			
	HARVEY RAYMOND	SMELTZ							R BOYE		Sumeme)		
TO BE	194. INFORMANT'S NAME (Type/Frint)		19b	MAILING	ADORES	S (Street a			Route Number,		n, State, Zip	Code)	
F	HELEN SMELTZ		9	9024	TRA	LRI	DGE (CT.,	VIENN	A, V	A 22	2182	
	Stp. METHOD OF DISPOSITION VO Burlet 2 C Cremation 3 C Rep	nover-trom State	20b. PLACE A	ND DATE (of DISPOS	ITION (Na	me of		OATE	20c. LO	CATION —	City or Tow	
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	CEMPER /	Arli	ngto	n Na	tion	al C	emet	ery	Ar	ling	ton,	Virginia
	Touland	1. /	ier						St, Fa				Home VA 22046
	28. PART i. Enter the diseeses, or ehock, or heart fallure.	complications that	caused the dea	th. Do n	ot antar	tha mo	de of dy	ing, auch	aa cardiad	or reapi	ratory arm	est,	Approximata
	IMMEDIATE CAUSE (Finei	List only ona cau	ea on each lina.										interval Batween Onset and Daath
	diseese or condition reaulting in death)	- PNEUMO	NIA										
			OR AS A CONSEO										
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate THROMBOTIC THROMBOCYTOPENIC PURPURA												
CA	cause. Enter UNDERLYING CAUSE (Disease or injury		IOPULMO			EST							
F	that initiated eventa resulting in death) LAST			NSEQUENCE OF):									
CEF	d. SEPSIS												
AL	PART ii. Other significant condition	na contributing to	death but not ra	suiting i	n the un	deriying	causa g	given in I	Part i. 24	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Dig.									13	YES 2			COMPLETION OF CAUSE OF DEATH?
									_				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 DI	ACE OF D	FATH (OL-					
PHYSICIAN: M	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	R:			ck only one) 6 Other (Sp				
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIMI	E OF	28c. INJ	URY AT	sidence	28d. DESCRI		JURY OCC	URED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	y, 1897)	INJ	M		RK? 'ES 2	NO					
8	3 Suicide 8 Could not be	28e. PLACE Of building, of	INJURY — At hon etc. (Specify)	ne, farm, s	treet, fact	ory, office			281. LOCATIO	N (Street e	nd Number	or Rural Ro	oute Number,
E													
COMPLET	29a. CERTIFIER (Check only one)	ICIAN: To the beet of	my knowladge, das	th occurre	d at the ti	me, date	end place,	end dua	lo the cause() and men	nor an atate	rd.	
	2 MEDICAL EXAMINI		amination end/or in	weatigatio	n, In my o	pinion, d				place, end	due lo lho	a cause(s)	end manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE COURTS D MIDDE	2. MD					1,5	NSE NUM					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	~ "	E OF DEATH (ITEM	27) (Type.	Print)			85 ()		TAT M		_	N 92
	C. D. MILLER, L			, , , ,					AL NAV DA, MI				FINIEK
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	C CICNATURE	٠ ، م	40			ETIES.	on, Fil	, 200	ار رن	,,,,	
	JAN	14 1992	Julia	Unvido	-1/g	गुजर्	6						



	1	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HE		NTAL HYGIENI REG. NO.	5	2 ANGER
	i	1. DECEDENT'S NAME (First, Middle, Last)	M. Smit	4			DATE OF DEATH MONTH DA		
	-	Marine		/	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	1) 97	IRTHPLACE (State or Foreign
	1	1	1 M 2 F			HOURS MIN.	(Mdrith, Day, Noar)	12 8	läryland
_	- III	9e. FACILITY NAME (If not institution, give street	et and number)	9	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN				OF DEATN
10F		Mercy Hospital			Balto.City,Md				
DIRECTOR	I	10a. STATE 10b. COUNTY 10c. CITY,			TOWN OR LOCATION			10d, INSIDE CITY LIMITS?	
		Maryland		Ba1	Lto.Cit				1 YES 2 NO
FUNERAL		100. STREET AND NUMBER 413 E.Cross	St,			1230	:	USA	OF WHAT COUNTRY?
NS NS	-	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECE	DENT OF NISPANIC		or No- 14.	RACE — American Indian, Black, White, atc.
BY F		1 Never Married 2 Married 3 Divorced	FORCES? 1 TYES TIF YES, GIVE WAR OR DATE:	\$ XNO		Ify Cuban, Maxican, Pr X NO Specify:	uarto Rican, etc.)		SpecifyWhite
		15. DECEDENT'S EDUCA	ATION 18		SUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUST	RY
l ii			College (1-4 or 5 +)	life. Do NOT use		of working			
COMPLETED	1	8th.Grade		Homer	maker		Own H		
		17. FATNER'S NAME (First, Middle, Last) Unknown	Ca	llion		18. MOTHER'S NAME ((First, Middle, Maiden	Unkno	own
8 8	ŀ	19a, INFORMANT'S NAME (Type/Print)	04		DDRESS (Street and	Number or Rural Route	e Number, City or Town		
		Mrs.Melva Kotof	fski	1277	Willi	am St.B			
must be		20a, METNOD OF DISPOSITION X Burial 2 Cremetion 3 Remov			DISPOSITION (Name of DISPOSITI		DATE 20c. LO	CATION — City	
	ŀ	4 Donation 5 Other (Specify)		Cedar		ADDRESS OF FACILI	TY		
examiner		× 1/2-0	a flast						21230
	+	23. PART i. Entar the diseasea, Dr CD							
The medical	ı	shock, or heart feliure. LI IMMEDIATE CAUSE (Final	lst only one ceuse on sech	h line.					Intervel Between Onset and Death
	disease or condition a. In fection								
or other traumatic event,		DUE TO (OR AS A CONSEQUENCE OF):							
y, or other traumatic CERTIFICATION		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
S	11	if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF)	:				
RTIF		if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury			_				
o III		if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CO		_				
1700	- 10	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)	:	cause given in Pe	et i Tosa was an	AITTORY	24b WERE ALTERSY SIMPLING
AL		If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A Co	ONSEQUENCE OF)	:	ceuse given in Per	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
AL AL		If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CO	ONSEQUENCE OF)	:	ceuse given in Pe		RMED?	AVAILABLE PRIOR TO
MEDICAL		If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions Chronac Vine	DUE TO (OR AS A CO	ONSEQUENCE OF)	:	ceuse given in Pe	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL		If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditiona Chrone (Cre Algheimer's	DUE TO (OR AS A CO	not resulting in	: n tha underlying	ceuse given in Per	PERFOF	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
or Item 23 shows any InjurySICIAN: MEDICAL		If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditiona Chrone (Cre Algheimer's	contributing to death but l. Nuffice Discusse	not resulting in	28. PLA OTHER: 4 Nursing Home OF 28c. INJU	NCE DF DEATH (Check	PERFOF 1 YES 2 only one)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
or Item 23 shows any InjurySICIAN: MEDICAL		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other significant conditions Chronic Vene Althemer's 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CO	not resulting in	26. PLA OTHER: 4 □ Nursing Home OF 28c. INJU	CE DF DEATH (Check 5 Residence 8 RY AT 21	PERFOF 1 YES 2 only one) Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
or Item 23 shows any InjurySICIAN: MEDICAL		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other eignificant conditions Chrone Cae Alchemer's 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A CO	not resulting in	26. PLA OTHER: 4 Nursing Home OF 26c. INJU WOF M 1 YI	S Residence 8 RY AT 20 RS 2 NO	PERFOF 1 YES 2 only one) Other (Specify)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
28 Is marked, or litem 23 shows any Injur TED BY PHYSICIAN: MEDICAL		If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditiona Chonc Che Alchemer's 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	DUE TO (OR AS A CO	not rasulting in	28. PLA OTHER: 4 Nursing Home OF 28c. INJU MY WOF 1 YI reef, factory, office	ACE DF DEATH (Check 5 Residence 8 RY AT	only one) Other (Specify) Bd. DESCRIBE HOW I	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
28 Is marked, or litem 23 shows any Injur TED BY PHYSICIAN: MEDICAL		If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions Chonc Cae Alchemer's 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC Content)	DUE TO (OR AS A CO	not resulting in	28. PLA OTHER: 4 Nursing Home OF 28c. INJU MY 1 YI reef, factory, office	ACE DF DEATH (Check 5 Residence 8 RY AT 21 KY ES 2 NO 20 and place, end due to	only one) Other (Specify) Bd. DESCRIBE HOW I City or Yown, State)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO BUT A POUT NUMBER BUT A POUT NUMBER BUT A POUT NUMBER
28 Is marked, or litem 23 shows any Injur TED BY PHYSICIAN: MEDICAL		If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions Chonc Cae Alchemer's 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC Content)	DUE TO (OR AS A CO	not resulting in	28. PLA OTHER: 4 Nursing Home OF 28c. INJU MY 1 YI reef, factory, office	ACE DF DEATH (Check 5 Residence 8 RY AT 21 KY ES 2 NO 20 and place, end due to	only one) Other (Specify) Bd. DESCRIBE HOW I St. LOCATION (Street City or Town, State) The cause(s) and ma	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO BUT A POUT NUMBER BUT A POUT NUMBER BUT A POUT NUMBER
IPORTANT: If Item 28 Is marked, or Item 23 shows any Injur BE COMPLETED BY PHYSICIAN: MEDICAL		If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant conditiona Chron-C Cre Algheim er is 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 27. MANNED OF DEATH 1 Natural 5 Pending Investigation (Proceedings of the Could not be datarmined) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CO	not rasulting in not rasulting in not as a Doa 28b. Time INJU At home, farm, st	28. PLA OTHER: 4 Nursing Home OF 26c. InvJu RY WOP 1 YI reet, factory, office d at the time, data on the time, data on the time, data on the time of t	ACE DF DEATH (Check 5 Residence 8 RY AT R	only one) Other (Specify) Bd. DESCRIBE HOW I St. LOCATION (Street City or Town, State) The cause(s) and mare, data and place, are	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO FOR THE PRIOR TO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO ED Bural Route Number,
28 Is marked, or litem 23 shows any Injur TED BY PHYSICIAN: MEDICAL		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other significant conditions Chronic Vene Altheim ex 15 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	DUE TO (OR AS A CO	not rasulting in not rasulting in not as a Doa 28b. Time INJU At home, farm, st	28. PLA OTHER: 4 Nursing Home OF 26c. InvJu RY WOP 1 YI reet, factory, office d at the time, data on the time, data on the time, data on the time of t	S Residence 8 RY AT KY ES 2 NO 20 and place, end due lo sith occured at the time	only one) Other (Specify) Bd. DESCRIBE HOW I St. LOCATION (Street City or Town, State) The cause(s) and mare, data and place, are	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO FOR THE PRIOR TO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO ED Bural Route Number,



death.	funera		жаші	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 per after death,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cramation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami	
40	/ filled	tion, c	the	
within	npletel	crema	vent,	
ecuted	nd con	ourial,	tic e	
be exe	cian ar	01 10	Emne	
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NDING	: Afte	r deat	is m	ı
ATTE	ECTOR	s afte	n 28	
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OSPITA	JNERA	ithin 7	NT:	
THE H	THE FI	filed w	PORT/	
2	2	De 1	E	l

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	The sale		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	[3000]	track	The second second	01 1		2:51Am
	4. SOCIAL SECURITY NUMBER 213 3 0 1358 6. AGE	(In yrs. lest birthdey) IF I	JNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRTH	PLACE (State or Foreign
2	98. FACILITY NAME (II not institution, give street and number 1997) POSSYNLL	d. 21732 apr	Balto, Wd.		9c. COUNTY OF D	
nection	RESIDENCE OF DECEDENT				0.00	
Dine	MD. Balto.		wn or location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF V	
UNERAL	5020 Carollwood	• -	5123		U.S	
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IF FORCES? 1 YES	2: NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico	in, Puerto Rican, etc.)	or No- 14. RACE Black	E — American Indian, k, White, etc.
	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	DATES /	1 YES 2 NO Specif	y:	Speci	"white
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working fred.)	16b. KIND OF BUS	SINESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)		emaker		-	
P P	17. FATHER'S NAME (First, Middle, Last)	HOM		ME (First, Middle, Maiden	Surname)	
2 10	BRUNO BUCHWALD		ANN	E BUCH	WALD	
0	19a. INFORMANT'S NAME (Type/Print)	A .	DRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
-	William MACKENZIE		HimBLE BERRY	Y		220 MD.
	1 🗆 Buriel 2 Tremetion 3 🗆 Removal from State	other place)	N (Name of cemetery, cremetory or		CATION — City or To	· ·
	4 Donetion 5 Other (Specify)	PIELICO	22. NAME AND ADDRESS OF FA	CILITY	ALTO, M	10,
	1100 of 16	-0-	Della Nace = 322 S. High			
	23. PART I. Enter the diseases, or complications that cause	d tha death. Do not				Approximate
	ahock, or haart failure. List only one cause on a immediate cause (Final	^				Interval Between Onset and Death
	disesse or condition a	Conce	1 ·			
	OUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	A CONSEQUENCE OF):				
3	cause. Enter UNDERLYING					
	that initisted events resulting in death) LAST	A CONSEQUENCE OF):				
5	d					
Į.	PART II. Other eignificant conditions contributing to deeth	but not reaulting in the	ne underlying ceuse given in	Part i. 24a. WAS AN PERFOI		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	Jasnaice			1 🗆 YES 2	NO	COMPLETION OF CAUSE DF OEATH?
				—		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
200	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out		THER: Nursing Home 5 - Residence	8 Other (Specify)		
PHTSICIAN: M	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	26d. DEŞCRIBE HOW	NJURY OCCURED	
2	1 Natural 5 Pending 2 Accident Investigation		M 1 TYES 2 NO			
COMPLEIED	3 Suicide 8 Could not be determined 28a. PLACE OF INJUR	RY — At home, farm, stree ecify)	t, factory, offica	281. LOCATION (Street City or Town, State		Route Number,
7	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my kno	wledge, death occurred a	t the time, data and place, and du	e to the cause(a) and me	nner se stated.	
5	one) 2 MEDICAL EXAMINER: On the besis of examinati	ion and/or investigation, i	n my opinion, death occured at the	e time, data and place, as	nd due to the cause(a) and manner as stated.
פר	29b. MATURE AND TITLE OF CERTIFIER	0.	29c. LICENSE NU	IMBER	1 /	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) Come One	J 300	48	1/1/19	12
	HOWART GOLD	Lion, h-	Ď.			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE 9.	Javidson-Alandalla			
	1 //10/42 TIAN 14 19	197 guille	CENTRON - Nouton			

serve or suscellar on well.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b			
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	W: Th	ficate	State	iten.	
	YSICIA	s certi	th the	d, or	
	G PH	er this	ath wi	narke	
	NION	R. Aft	er des	is n	
	N AITI	SECTO	irs aft	m 28	
	AL OF	AL DI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	OSPIT	NER	thin /	IN	
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	10	2	Se	F	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPART	MENT OF	HEALTH AND	MENTA	L HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last) Frederic	Ka	Louis	e	Spe	ncer	2. DATE MONT	OF DEATH	W	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 - 48 - 4456 90. FACILITY NAME (It not institution, give	5. SEX 1 M 2 KF	6. AGE (In yrs. In	YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	34	Country)	ACE (State or Foreign
CTOR	24 . 1	tage Ni	irsing (tr.	Bal-	or Location of			Ba Ba	11.	More
- DIRECTOR	MARYLAND 10b. COUNT	BALTIMOR	RE	10c. CITY,	TOWN OR LOCA	TION DUNDALK	<u> </u>				Dd. INSIDE CITY LIMITS? YES 2 1 40
FUNERAL	1895 AUGUST AVENU	1					222			U.S.	A COUNTRY?
BY	1 Never Married 2 Merried 3XX Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 W WAR OR DATES	NO X	If yee, a	CENDENT OF HISP Hecify Cuben, Mexi is 2 1 MO Spec	cen, Puerlo	N? (Specify Ye Rican, stc.)	n or No- 1	4. RACE — Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5		ECEDENT'S US Give kind of wo le. Do NOT use	SUAL OCCUPAT rk done during m retired.)	ON ost of working	168	. KIND OF BU	SINESS/INDU	STRY	WHITE
COMP	4TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A		HO	MF MAK	16. MOTHER'S A	AME (First,	Middle, Meiden	HOM Sumeme)	E	
TO BE	GOTTLETB SCHLATLE 190. INFORMANT'S NAME (Type/Print)		11	9b. MAILING A	DDRESS (Street	ROS	TNA T		m, State, Zip C	ode)	
	EDWARD L. SPENCER 20a. METHOD OF DISPOSITION 1/4/Burlet 2 Cremetton 3 Ren				DISPOSITION (N	AVENUE arme of	RA17	TMORF	MARV CATION — CI	LAND y or Town	21222 , State
	AU Donetton 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LI				FMFTFR	1-11- ND AODRESS OF F RUCK FU	ACILITY			,	ARYLAND K INC
	23. PART I. Entar tha diseasea, or ahock, or haart failura.	complications the	at caused the duse on arch lin	aath. Do not	7999	WITCE ALL	TAHIT	DUM	LIV III		71777 Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Losses	BLB +	tout	M1		<u> </u>				intarval Batween Onset and Daath
NOI	Sequantially list conditions, if any, leading to immediate	b. Spe	OR AS A CONSE	OUENCE OF):	2 mg	with A	50	De	1 kg te	1	
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	c. KARS. DUE TO	COR AS A CONSE	DIRON (4	A Ce	1	Bua	cl		
A P	PART II. Other significant condition	e contributing to	death but not	resuiting in	tha underlyin	g cause given in	n Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS ARLABLE PRIOR TO
: MEDIC		-						1 TES 2	□ NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant		THER:	ACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIME (OF 28c. IN.	e 5 Rasidence URY AT RK? /ES 2 NO		CRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE Obuilding,	PF INJURY — At he etc. (Specify)	ome, farm, stre	et, factory, offic		28f. LOC City	ATION (Street or Town, State)	and Number or	Rurai Routi	Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, de	esth occurred investigation,	at the time, date	end place, end du	e to the cau	use(e) and mer	nner ee stated.	euse(e) an	d menner ee stated.
H	590. SIGNATURE AND TITLE OF CENTIFIES		2	_		29c. LICENSE NU					onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type, Pr	int)	Pil					,
	31. DATE FILED (Month, Day, Year)	90	R'S SIGNATURE	Almila	21				-		

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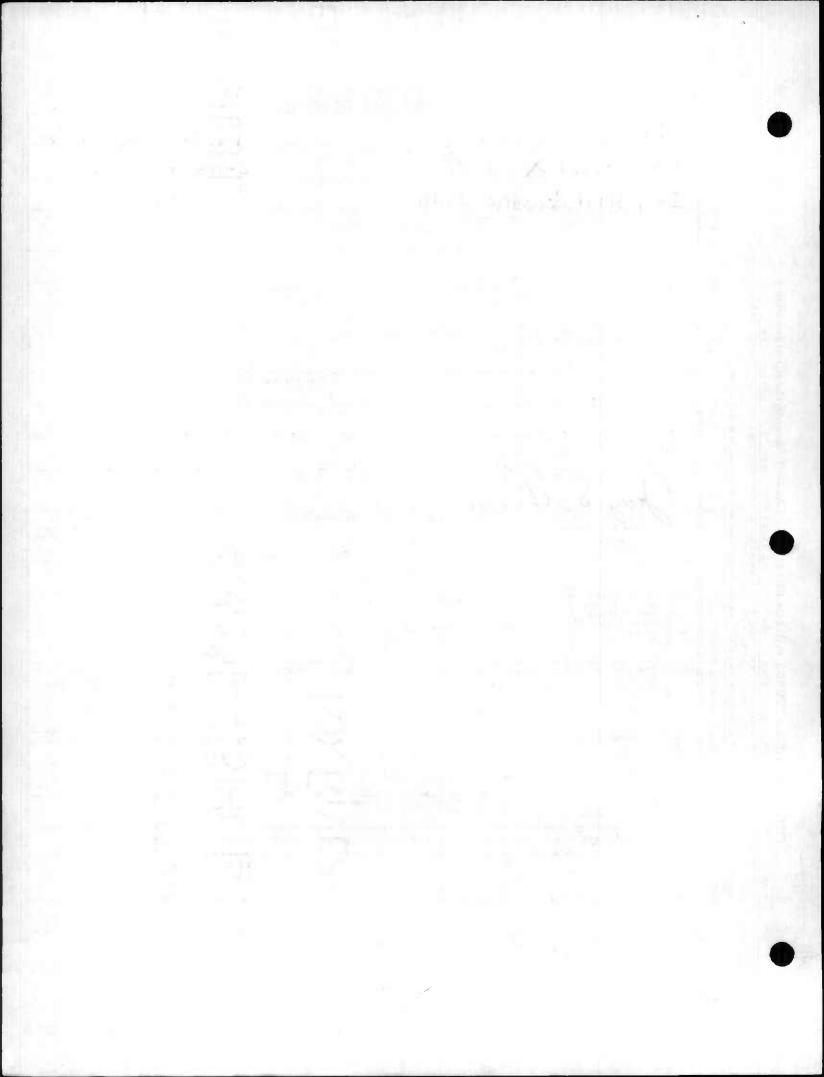
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the aftending physician and competery filled in by the funeral director, page 3 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buila, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

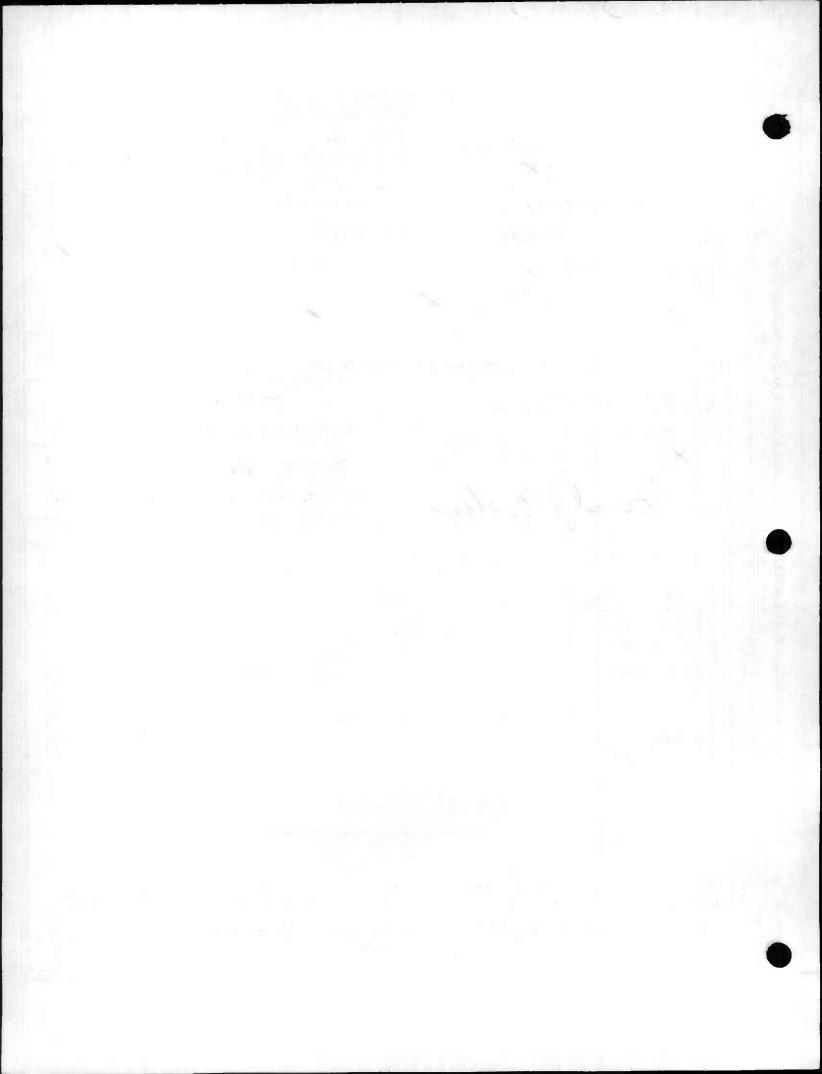
FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN REG. NO.	E 92	2 00659
1. DECEDENT'S NAME (First, Middle, Last)	7				2. DATE OF DEATH	W Y	3. TIME OF DEATH
I homas f						+19 9	
	5. SEX 8. AGE (In	-	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fereign Country)
00011	1 XM 2 DF 87	YRS.				24	Va.
9e. FACILITY NAME (If not institution, give stre			b. CITY, TOWN O	R LOCATION OF DE	HTA	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	eriatric Ce		Ba 1	timore		Bal	timore
	ltimore	10c. C11 1, 1					10d. INSIDE CITY LIMITS?
194 Dd	rtimore		Balti	ZIP CODE			1 ☐ YES 2 反 NO N OF WHAT COUNTRY?
29 Cedar Dr.	Ant D		100				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED		21220	IIC ORIGIN? (Specify Yes	-	S . A .
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	city Cuben, Mexice	n, Puerto Rican, etc.)	107 140 14	Black, White, etc. Specify: White
15. DECEDENT'S EDUC		16a. DECEDENT'S US			16b, KIND OF BU	SINESS/INDUS	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of won life. Do NOT use r	rk done during mos retired.)	t of working			
8th		Steam E	ngine	Mechan	id B&	O Rai	lroad
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
Stephen M. Tus	ing			Sall	y Fitzwa	ter	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street at		Poute Number, City or Tow		ode)
Mr. Malcolm L.	Tusing	720 Ma	qnolia	Rd. J	oppa, Md	. 210	85
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from Stata of co	PLACE AND DATE O	of DISPOSITION other place)	(Name	OATE 20c. LO	CATION — CIT	y or Town, Stata
21. SIGNAPURE OF FUNERAL SERVICE LICE		rraine		D ADDRESS OF FA		1to.,	Ma.
	11/				ller Fun		
23. PART I. Ententhe diseases, or co	Laxima		7527	Harfo	rd Rd. B	alto.	Md 21234
shock, or heert fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Atherosci	ch line. Levatic CONSEQUENCE OF):					Interval Between Onset and Death
Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					
resulting in deeth) LAST							
PART II. Other significent conditions Lung Car	contributing to deeth bu	nt not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	eck only one)	100	
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpe	itlent 3 DOA 4	OTHER: Nursing Hom	5 🗆 Residence	6 Other (Specify)		
27. MANNED OF DEATH	28a. DATE OF INJURY	28b. T/ME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
1 Natural 5 Pending	(Month, Day, Year)	INJUF		RK7 'ES 2 NO	45.00		
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	At home, farm, stre	eet, factory, office		28f. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,
onei	IAN: To the best of my knowle to On the basis of examination				time, date end place, e	nd due to the	couse(e) and manner as stated. SIGNED (Month, Day, Year)
38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	BALT	inor	i N	10 21	
31. DATE FILED (Month, Dey, 1961)	32. REGISTRAR'S SIGNA	YURE .	12-1.00	+			
JAN 1	4 1992 3	TURE Davidson	No.				



Pages 1, 2, 3 should

	TO BE COMDI ETED BY BUYOLCIAN. MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host

	FOR 1 . STATE	STATE OF M	IARYLAND /	DEPAR	ITMENT O	F HEALTH AND	MENT		E E	UUI	000
	negistrar 1. decedent's name (First, Middle, Last) Daniel	F.	CE		rpin J	r.		REG. NO		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-03-7623	5. SEX	6. AGE (In yrs. les.	t birthday)	IF UNDER 1 YE			TE OF BIRTH	1917	8. BIRTHI Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give state) 29 E. Seminary A					MN OR LOCATION OF herville	DEATH			timo:	
DIREC		timore		10c. CIT	y town or use ther vi	TAION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 29 E. Seminary A	ve.				10f. ZIP 0093			10g US	AEN OF W	HAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	EVER IN U.S. AR YES 2 N AR OR DATES	MED IO	If yes	DECENDENT OF HISP s, specify Cuban, Maxi YES 2 NO Specific	can, Puart	GIN? (Specify Yea o Rican, etc.)	or No—		- American Indian, White, etc.
COMPLETED		College (1-4 or 5+) L Yr. College	(G/	Do NOT us		most of working	1	GOVE			
BE CO	17. FATHER'S NAME (First, Middle, Last) Daniel F. Turpin 19a, INFORMANT'S NAME (Type/Print)					Ma	riar	t, Middle, Maiden n R. Ins	sley		
٥	John J. Turpin			2418	Hidde	en ValleSi		Spring	g M	đ	20904
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame 1 Donation 5 Other (Specify) 21. BIGNADWIE OF FUNERAL SERVICE LIC		20b. PLACEA cemateov. cree HO	NO DATE O		emetery	1/		altim		m, Stata Maryland
	Davil 1	ma	her-		Dav	id J. Wek	er F				ster St.
	23. PART I. Enter the diseases of c shock, or heart faiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)		caused tha date on each lina. OR AS A CONSEO			mode of dying, su	ich as ca	irdiac or reapi	ratory arr	ost,	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSEO								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to d	laath but not re	eaulting i	n the underly	ying cause givan i	n Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	PRIO		OTHER:	PLACE OF DEATH (C					
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 28a. DATE OF H (Month, Day	NJURY T	28b. TIMI	URY 28c.	tome 5 Rasidence INJURY AT WORK? YES 2 NO	_	THE (Specify)	UURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF building, at	INJURY — At hori ic, (Specify)	ne, farm, s			281. LO	CATION (Street a y or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	AN: To the best of m	ny knowledga, das mination and/or in	th occurre	d at the time, o	lete and place, and du	a to the c	ause(s) and man	ner as state	d. cause(a)	and manner as stated.
TO BE C	296. SIGNATURE AND PITLE OF CERTIFIER	O We	thew	n	0	29c. LICENSE NU		3			Morith, Day, Year)
	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE	214	27) (Type,	Print) 4 M (U	m rd	21	093			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRA	Ligianarune Lia Devida	小水	glass						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-li		
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ING PI	After th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mark
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) UNO TEEMANT 3. TIME OF DEATH 92 EEMANT 7. DATE OF BIRTH (Month, Day, Year A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 220 32 5672 1 KM 2 | F 68 12-16 23 Estonia 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES 5979 WBTCHETER DIRECTOR COLLEGE 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PRINCE OLL 1 YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 302 WESTCHESTER PARK DEVE 20740 12. WAS DECEDENT EVER IN U.S. RAMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cubs
1 YES 2 NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Fiementary/Secondary (0-12) College (1-4 or 5+) Researcher Library of Congress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname JOSEPH MMA EEMAK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State Zin Code) 2 BRUNO AUNING 3377 West 130th St, Cleveland, OHIO 44111 20s. METHOD OF DISPOSITION
1 Surial 2 (Cremation 3 Ram
4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 26c. LOCATION — City or Town, State OATE 1/13/92 Hilltop service Corp. Towson, Maryland 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, 21, SIGNATURE STINERAL SERVICE I SENSEE Inc. Mark T. Lairma 21214 5305 Harford Rd. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, Approximate ahock, or haart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) minuxes ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE CERTIFICATION Sequentially illat conditions, if any, laeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: me Residence 8 🗆 Other (Specify) 4 🗌 Nurs 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED 1X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) At home, farm, street, factory, office 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the be Deputy Medical 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 20c. LICENSE NUMBER BE

Examina

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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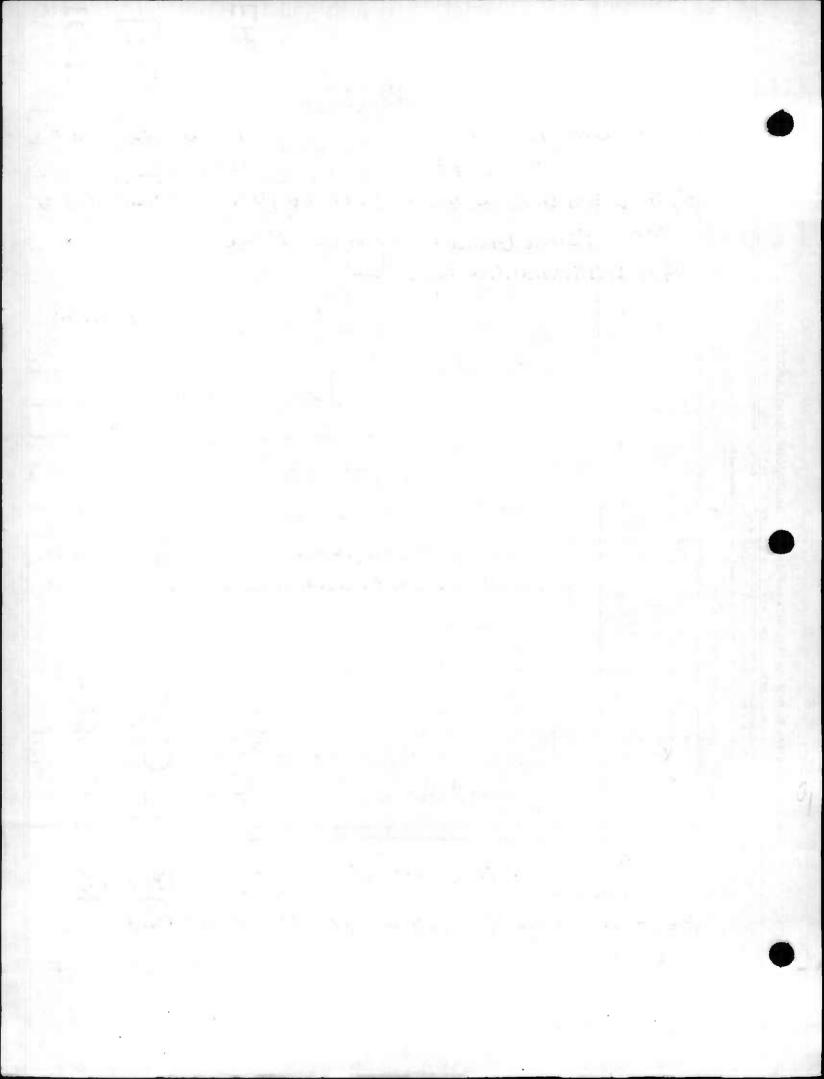
732 REGISTRAR'S SIGNATURE

932 REGISTRAR'S SIGN

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	THE MISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page is may be in	PATH FUNEYAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 per 1,4 within 2 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.	PROPERTY II Item 28 is marked or item 23 shows any Injury or other fraumatic event, the medical examinar much he as
ν.	-	-	

21215-0020

For intending physician.

Value as the burial-transit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Las	t)	OLI	. II IOAI	E OF DEATH	2 04	REG. NO	J.		45.05.0
John	Washin	c dryn			MON	TH		YEAR	ME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs, Ingl birth	hday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7 DATE	E OF BIRTH			300 g
	1 1 M 2 F	7 (/	RS. MONTHS	DAYS HOURS MIN.	(Mor	nth, Day, Year)	c >	Country)	L (State or Poreign
9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OR LOCATION OF		-71- 3	9c COUNT	Y OF DEATH	-
THE UNION MEMORI	AT. HOSDIT	דאי		LTIMORE CIT			Mid	- M	
RESIDENCE OF DECEDENT		.AD	DA	DIIMORE CII.	1			1-	
10s. STATE 10b. COUN	ITY	10	c. CITY, TOWN	OR LOCATION					INSIDE CITY
Ma, C	1+4		Bal	-ims me					¥ES 2 □ NO
100. STREET AND NUMBER	/	+11.0		101. ZIV COOE		m d	10g. CITIZE	N OF WHAT	COUNTRY?
or Dia	umon	ave		Day.	a 1	Mar	17	· UI	54
11. MARITAL STATUS 1 Married 2 Married	FORCES? 1		13.	WAS DECENDENT OF HISP It yes, specify Cuban, Maxi	ANIC ORIG	IN? (Specify Yes	s or No— 1		nerican indian, a, atc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		t YES 2 -HO Spe		,		Specify	6
15. DECEDENT'S ED	DUCATION	téa, DECEDE	ENT'S USUAL O	ICCUPATION	16	L KIND OF BU	JSINESS/INDU:		ack
(Specify only highest gra-	de completed) College (1-4 or 5	(Give kii	nd of work done VOT use retired.)	during most of working	1"	IL KIND OF BU	75INE35/INDU:	SIRI	
12		2	so k			Sand	S		
17. FATHER'S NAME (First, Middle, Last)			- N	18. MOTHER'S P	AME (First,	Middle, Maide			
John wegl	west paid			wills	D. 3/4	v 1.	10		
19s. INFORMANT'S NAME (NEW POWE)	./	19b, MA	ILING ADDRES	Street and Number or Run	I Route Nur	mber, City or To	wn, State, Zip C	ode)	
Willie 240	de	51	5 13	lauma	1	21	212	ر	
20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Re		20b, PLACE AND E			PA	TIV 20c. U	CATION - CH	ty or Town, St	es / /
4 Donation 5 Other (Specify)	moval from State	c grefety Gernator	y other place)	v (em/	1/13	92 W	estu	ileu	Delle
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			NAME AND ADDRESS OF	FACILITY	/			
7,///									
NUL: W	Par.			1511 Per L	vey	hd- 7	1220		
23. PART i. Enter the diseesea, Dr ehock, Dr heert fallure	complications the	t ceused the death.		Balt Ad	/	rdiec or reep	olratory arres		Approximate
23. PART i. Enter the diseesea, prehock, preheer failure iMMEDIATE CAUSE (Finel disease or condition reculting in death)	e. Ro	It coused the death.	Do not enter	Balt Ad	/	rdiec or reep	olratory arres		interval Betwe
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r attending prysician.	this conficure has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Start Mental Moderne Driving Durial, cremation, or removal.	
of the nospital of	d be detached for	at once
may be retained	or, page 5 should	ust he notified
ter death. Page b	the funeral direct oval.	al examiner m
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are be executed w	nysician and comp prior to burial, c	r traumatic ave
the death certific	y the attending pl	interes or other
law requires that	has been signed b	22 shows any
PHYSICIAN: The	r this conflicate h	-
L DR ATTENDING	L. DIRECTOR: After	Married and to more
THE HOSPITAL	THE FUNERAL	MODERATE M

	FOR STATE	TATE OF MARYLAND /				IENTAL HYGIEN		2 00663
!	1. DECEDENT'S NAME (First, Middle, Leat) Beatrice Marie		ERTIFIC	ATE OF	DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	92	
	4. SOCIAL SECURITY NUMBER 5. SI 1 2/3-36-7799	SEX 8. AGE (In yrs. las	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	MRTHPLACE (State or Foreign country) anada
TOR	90. FACILITY NAME (If not institution, give street or 626 S. Dean Street RESIDENCE OF DECEDENT	· ·	98	Baltin	R LOCATION OF DEA	тн	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY			Baltimo				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	626 S. Dean Street				21224		Can	of what country?
BY FUN	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	WAS DECEDENT EVER IN U.S. AR FORCES? 1 TYES 2 TI IF YES, GIVE WAR OR DATES	MED NO		city Cuben, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile tementary/Secondery (0-12)	ON 16e. DE (G life)	CEDENT'S US the kind of work Do NOT use in	UAL OCCUPATION done during most	N st of working	School		
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Perreau				Albert	ire Brusse	eau	
10	190. INFORMANT'S NAME (Typo/Print) Carole MaA. Winter	ling 6	526 S.	Dean S	treet Ba	oute Number, City or Tow Lto., Md. 2	21224	
	20e. METHOD OF DISPOSITION 1 Street Burlel 2 Cremetion 3 Removal 6 4 Donation 8 Other (Specify)	from State Sacre	(aca)	nt of a	esus (em	1-14-92	Dunda	16 M
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Jele .		Charl	es S. Ze	iler & Son	Inc.	901 S. Conkling St
	23. PART I. Enter the diseases, or companock, or heert fellure. List disease or condition resulting in death)		0.	enter the mo	de of dying, such	as cerdiec or resp	Iratory arrest	Approximata Interval Between Onset and Death
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions co	ontributing to death but not	resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AF PERFO 1 PYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL ☐ Inpatient (7) €R/Outpatient		OTHER:	LACE OF DEATH (Ch			
ву РНУ	27. MANNER OF DEATH 1. Meturel 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 🗆	YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ED	3 Suicide E Could not be 4 Homicide	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, atn	eet, factory, offic		281. LOCATION (Street City or Town, State	and Number or :	Rural Route Number,
COMPLET	CONSCIN UNITY	N: To the best of my knowledge, d						
TO BE C	296) SIGNATURE AND TITLE OF CERTIFIER J. C. J. AME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT		Drint)	29c. LICENSE NUI		29d. DATE S	IGNED (Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

On 4940 Eastern

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	TO BE COMPLETED BY FUNERAL DIRECTOR	13 11. MAI 1
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THE CONTRIBUTION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page o may be retained by uncommitted that the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be made in the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

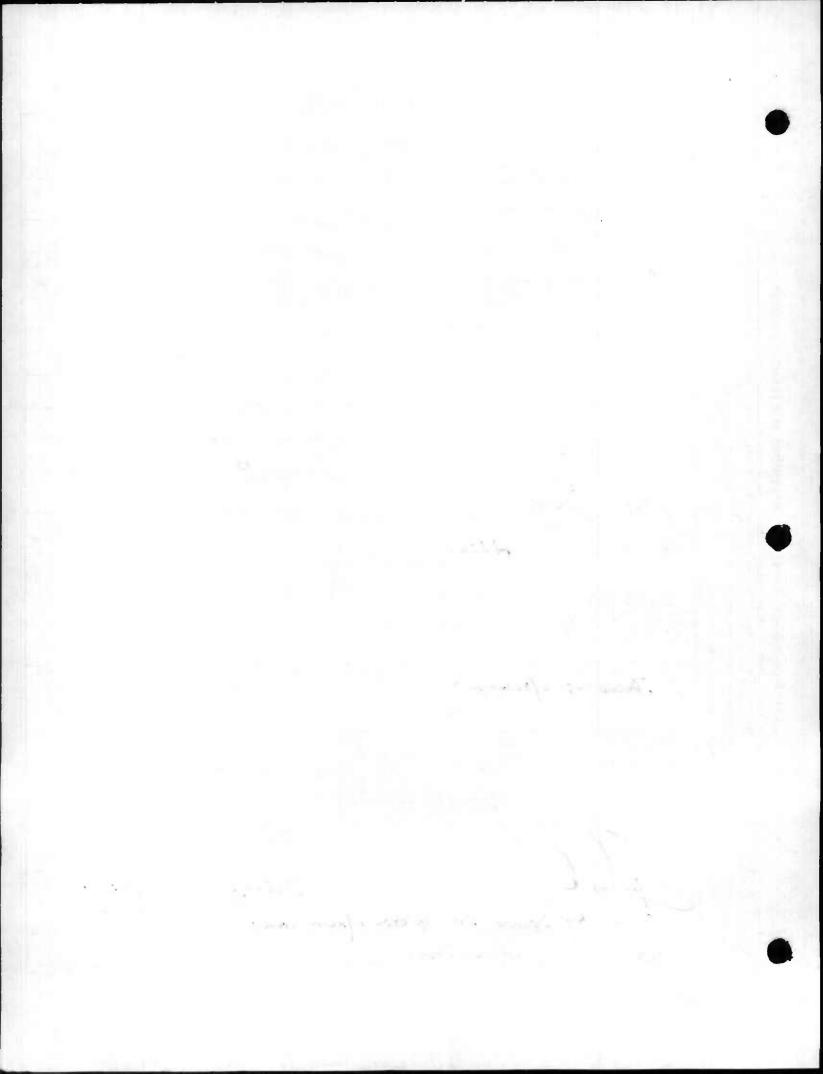
INFORMANT I have 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

QIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND	MENTAL HYGI	ENE	00004
1. DECEDENT'S NAME (First, Middle, Last) Gertrude Mary	Wagner		7112 01	BEATTI	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER					1/9/92		7:50P M
	1 M 2 F	100	ONTHS DAYS	HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year	7)	B. BIRTHPLACE (State or Foreign Country)
212-09-4976	21	97 YRS.			8/17/9	4	Maryland
9e. FACILITY NAME (If not institution, give a		,	b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUNT	TY OF DEATH
Manor Care Ruxto	n		Towson			Ba1	timore
10a, STATE 10b, COUNT	1	10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY
Maryland Balt	imore	Tor	vson				LIMITS?
10e. STREET AND NUMBER	ZMO E C	1 100		f. ZIP CODE		100 CITIZI	1 YES 2 NO
135D.Versailles	Circle			21204			
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify		. S . A . 14. RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	225790	It yes, sp	ecity Cuben, Mexic	an, Puerto Rican, atc.)	100 01 100	Black, Whits, stc.
3 Widowed 4 Divorced		ATES	I I I TES	2 X NU Speci	ry:		Specify: White
15. DECEDENT'S EDU- (Specify only highest grade	CATION	16s. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INOU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	ost of working			
8 years		Homemaker	2				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Mail	den Sumame)	
Angus Beaton					beth Leis		
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street of		Route Number, City or	,	Code)
Mrs. Helen S. Ve:	rnay			lles Cir		son, MD	
20e, METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION /Na	ame of			fy or Town, Stats
1 2 Burist 2 Cremstion 3 Remo	oval from Stats	etery, crematory or other codlawn Ce	place)		1/13/92 Wo		
21. SIGNATURE OF FONERAL SERVICE LIC	ENSEE	odiawn oe		NO ADDRESS OF FA	CILITY	odlawn	Maryland
N/1/5	2.2				Funeral I)irecto:	rs. Inc.
23. PART I. Enter the diseeses, or o	10		8728	Liberty	Road Rar	ndallst	own, MD 21133
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):					
	1.						
PART II. Other eignificent condition Decubirus	contributing to deeth b	ut not reculting in t	he underlying	g ceuse given in	PERI	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	eck only one)		<u> </u>
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:		6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending	(Month, Day, Year)	INJURY	r wo	PK?			
3 Culatida	26e. PLACE OF INJURY	- At home, ferm, street			26f. LOCATION (S)-	et and Number or	Rural Route Number,
4 Homicide 6 Could not be	building, atc. (Spec	ify)	,,		City or Town, St	eto)	THE SECTION OF THE PROPERTY.
2 MgOICAL EXAMPLE	CIAN: To the best of my knowl	edge, death occurred a	t the time, date	end place, end due	to the csuse(s) and a	menner es atated	cause(s) and manner as stated.
29b. SIGNATURE AND THILE OF CHATHER				29c. LICENSE NUI	Y JZ	29d. DATE S	SIGNED (Month/Day, Year)
NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pris	nt)				1-6
(TIMUTHY	Sussigner Mo	- PU KODA	MA	un Car		•	
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	- Pri	G CAVA			
IAN 14 1992	Julia Varidor	Abadallo					
The state of the s		-					



6.00	1	which permit.	
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physic	ed in by the funeral director, page 5 should be detached for use as the burial-to removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial travel sermet. Fours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 hr HOSPITAL

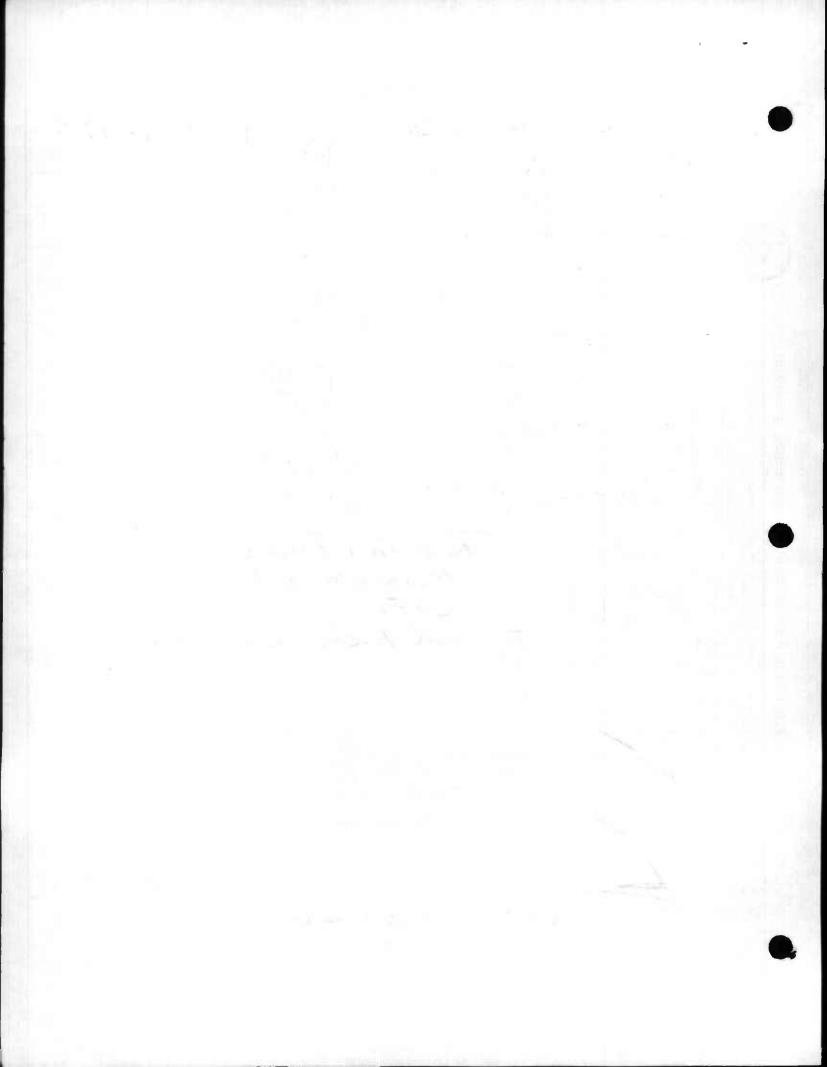
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92 00565 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) JUANITA ELIZABETH (FEE) WILDER 2. DATE OF DEATH 3. TIME OF DEATH Uan 92 (Cal 00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH JULY 20, 1922 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 229-32-5298 69 1 M 2 X F 9a. FACILITY NAME (If not institution, give street any number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL DIRECTOR ST. AGNES BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY XX LIMITS? 1 YES 2 NO MARYLAND BALTIMORE CITY BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 339 S. SMALLWOOD 21223 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify, Cuban, Maxican, Puarto Rican, atc.)
1 YES 2Y NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest g 16b. KINO OF BUSINESS/INDUSTRY 7 th grade ntary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER DOMESTIC 18. MOTHER'S NAME (First, Middle, Majden Surnar RERTHA (FEE) 17. FATHER'S NAME (First, Middle, Last) WORTH FEE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9 MR. WILLIAM B. WILDER SAME AS 10 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 1X Burief 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND VETERAN'S CEM. 1-13-92 CROWNSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MC" CULLY PORFUNERAL HOME OF BROOKLYN 237 E. PATAPSCO AVE. BALTIMORE, MD 21225 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onaat and Daath disease or condition Kaspirat resulting in death) DUE TO (OR ASA mia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUEN that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be E 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day BE 29c. LICENSE NUMBER 8-C .

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32: REGISTRANS SIGNATURE

92



4. SOCIAL SECURITY NUMBER

IF UNDER I YEAR

HOURS

Sh-CITY, TOWN OR LOCATION OF DEATH

CATHERINE C. WALSH

5. SEX

1 🗌 M 2 💢 F

6. AGE (In yrs. last birthday)

82

3. TIME OF DEATH

2

Washington D.C

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

-28-0

-	1	-
	- 20	4

led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should it, or removal. urs after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

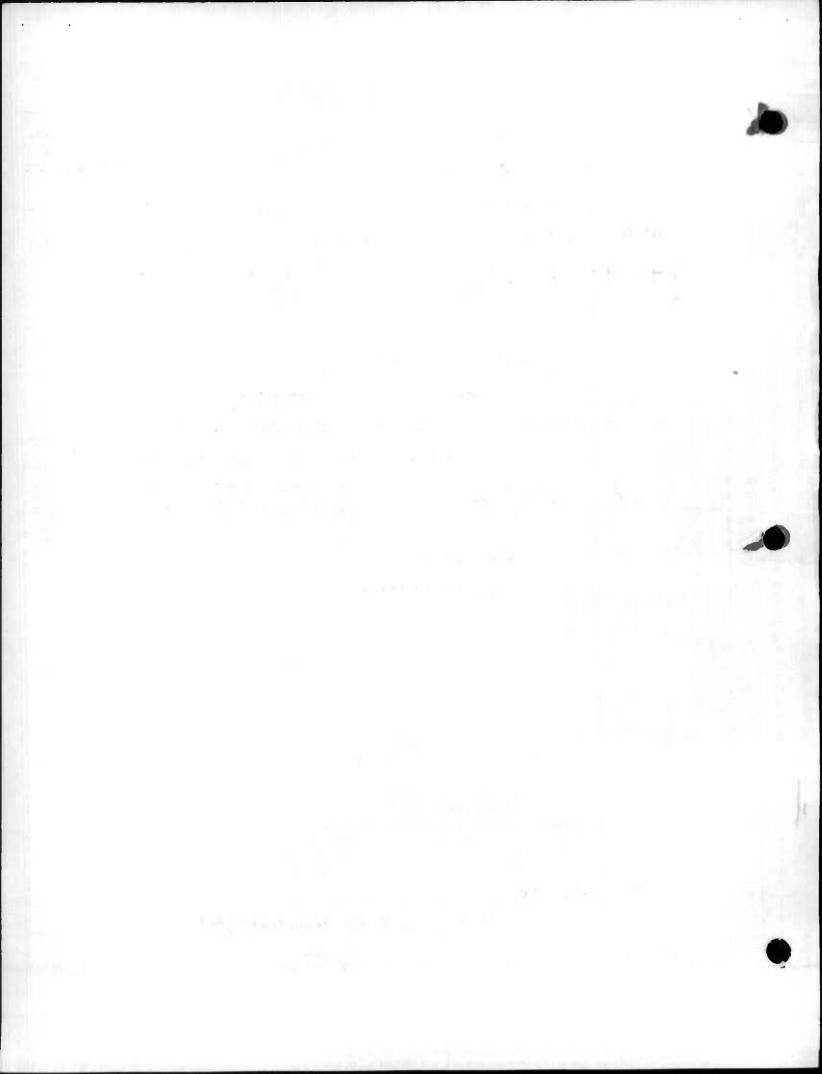
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

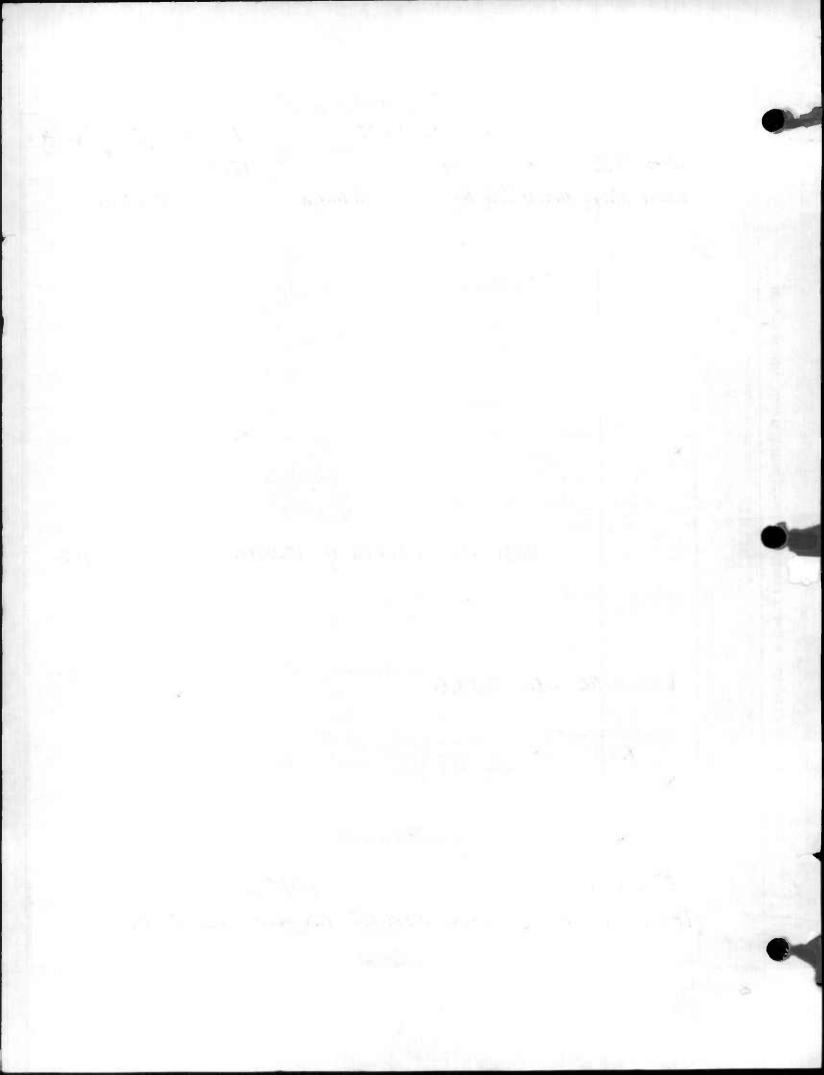
10e. STATE	10b. COUNT	Υ	100	c. CITY, TO	DWN OR LOCAT	ION				1	Od. INSIDE CITY
M(1)	Balt:	imore			Steven	son				- [,	LIMITS?
10e. STREET AND NUMBE	R				101	ZIP CODE			10g. CIT12		AT COUNTRY?
	enspri	ng Valley Rd				21153	14			.S.A.	
11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 December 1.5]		12. WAS DÉCEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	3 2 NO		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	an, Puerto	17 (Specify Yes Rican, etc.)	or No—		- American Indian, White, etc. White, -fz.
15. DE	CEDENT'S EDU	CATION CONTRIBUTED	16e. DECEDE	ENT'S USU	JAL OCCUPATION	ON .	168	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary		College (1-4 or 5+) 5+yrs	IIIe. Do N	ache:	,	st or working		Educ	ation		
17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Meiden	Sumeme)		
Patrick		Wals	sh			Cather	rine		I	aden	
19e. INFORMANT'S NAME	(Type/Print)			ILING ADI	DRESS (Street e	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
Villa Juli	e Infin	cmary									Md. 21153
20e. METHOD OF DISPOS 1 X Buriel 2 Cremet 4 Donation 5 Oth	lon 3 🗆 Rem	oval from State C0	Ob.PLACE ANOD	ry or other i	place)		DAT	E 20c. LO	cation - c		
21. SIGNATURE OF FUNER	AL SERVICE LIC		1	0 0 2		ID ADDRESS OF F		21 110.	nesce	I, M	4.
> 27/		1/11			Ruck	Towson	Fune:	ral Ho	me, I	nc.	
m	- 4	complications that cause			1050	York Rd	10T	vson,	Md. 2	1204	
immediate cause (F disease or condition resulting in death) Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations	Itiona, ediete YING jury	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENT	ICE OF):		g ceuse given in	n Part I.	24a. WAS AN PERFOR	MED?	A C	Onset and Death Conset and De
										1	YES 2 NO
										1	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		01	28. PL THER;	ACE OF DEATH (C	heck only or	10)			
1 YES 2 NO		1 M Inpatient 2 - ER/Out			Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b	injury	WO	URY AT RK? 'ES 2 NO	28d. DE	CRIBE HOW I	NJURY OCC	URED	
3 Suicide 8 Homicide	Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	TY — At home, fe	erm, atree	t, tactory, office		281. LOC City	ATION (Street a or Town, State)	and Number (or Rural Rou	te Number,
29e, CERTIFIER (Check only one) 1 CEI	TIFYING PHYSI	CIAN: To the best of my known.	wiedge, death or on end/or invest	ccurred at	the time, date	end place, and du	e to the ca	use(s) end man	oner es atate	d. cause(s) e	nd menner es stated.
29b. SIGNATURE AND TITL	E OF CERTIFIES	3				29c. LICENSE NU	IMBER		29d, DATE	SIGNED /A	fonth, Day, Year)
Gazh	Foste	mp								11019	
Gazle	Grism	mb Me				St Pauli	5+	Staltin	ne	0	
1/10/92	(Year)	m 6 Me. 32. REGISTRAR'S SIGN AN 18 1992	NATURE	David	and Jane						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremat

OHMH-16 Rev 1/89



	1 - STATE REGISTRAR		YLAND / DEPART	MENT OF CATE OF	HEALTH AND DEATH		YGIENE EG. NO.		
	177	am	YIFRA	7+		2. DATE OF D	GAY G	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 XM 2 🗆 F	54 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BE	T37	8. BIRTN Countr	IPLACE (State or For X) ISRAEL
CTOR	98. FACILITY NAME (II not institution, ghe HOLWAY) COUNTY 91 RESIDENCE OF DECEDENT	neral Hospita	4	A 17.	OR LOCATION OF	OEATN		WAY.	
- DIRECTOR		HOWARD		DLUMBIA					10d. INSIDE CITY LIMITS? 1 X YES 2
FUNERAL	100. STREET AND NUMBER 5022 TEN MILLS					1044		JSA	YHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 K Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Maxie \$ 2 X NO Spec	can, Puerto Rican,	ecify Yea or No etc.)	Black	— American India , white, atc.
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 12	DUCATION ide completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during m etired.)	ION post of working		OF BUSINESS/INC	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) NISSIM YIF'R	АН	ONIG		18. MOTNER'S N	IAME (First, Middle, DENA			
TO E	19s. INFORMANT'S NAME (Type/Print) MRS. DIANNE YI	FRAH			and Number or Rura		y or Town, State, Zip	Code) 2104	14
	20a, METNOD OF DISPOSITION 1 M Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE OF I semelery, cremetory or other HEBREW YOU	DISPOSITION (N	lame of		20c. LOCATION —	City or To	
		an Lewis	2	SOI 601	LEVINSO LO REISTI	ON & BRO ERSTOWN	RD., BAI	TO.	MD 212
	23. PART . Enter the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. Metastat	sed the death. Do not a sach line. C CALMES A CONSEQUENCE OF):	anter the me	ode of dying, su	ch as cardiec o	r respiratory srr	est,	Approxime interval Be Onset end
ERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с.	S A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significent condition	ons contributing to death	but not resulting in t	ha underlyin	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FIN AVAILABLE PRIOR 1 COMPLETION DF COOF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one)			
PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	1 journation 2 ER/Or 28a. DATE OF INJUR (Month, Day, Year	vipetient 3 DOA 4	Nursing Hon	ne 5 Residence JURY AT DRK? YES 2 NO		NOW INJURY OCC	CUREO	
TED BY	2 Accident Investigation 3 Suicida 8 Could not b 4 Homicide detarmined	28a PLACE OF IN HI	RY — At home, tarm, stra- pecify)			281. LOCATION City or Town	(Street and Number n, State)	or Aural Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI	SICIAN: To the beat of my known	owledge, death occurred a	t the time, data	a and place, and du	e to the cause(a) a	and manner as state	ed. e cause(a)	and manner as sto
	29/ SI HOYUD AND THE OF CHIEF	MIN			29c, LICENSE NU	MBER	29d. DATE	SIGNED	Mjonth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON V	ung			0095	52	> /	4.4	12.



BALTIMORE, MARYLAND 21215-0020

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Multicroff After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should how the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

If them 28 is marked, or lifem 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CHANGE A. S'EACGN WG 9

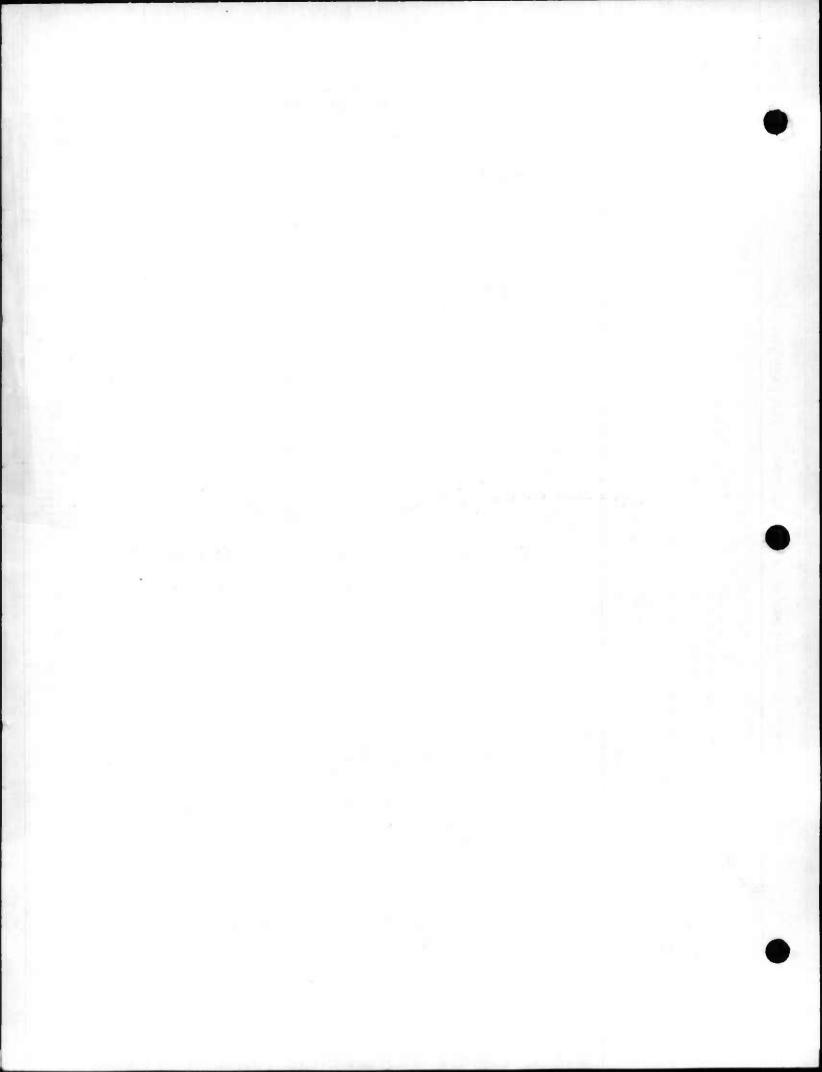
21. DATE FILED (MORITH, Day, Year)
JAN 1 4 1992

S'EAC GAL 1 32 BEGISTRAR'S ENNATURE JULIA DANGSON ACTUAL

	FOR 1 - STATE	STATE OF MARYLAND /				MENTAL HY	92 Giene	00568
7	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		R C. YOS		DEATH	2. DATE OF DE	G. NO. ATH Y 9, 199	YEAR 1025 M
		6. AGE (In yrs. les	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, MAY 19	TN (bar)	8. BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	ANNE ARUNDEL MEDIC			NAPOI	LIS	EATH		NTY OF DEATH E ARUNDEL
	10a, STATE 10b, COUNTY MARYLAND ANNE 10a, STREET AND NUMBER	ARUNDEL	ANNAPO	LIS	*			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1144 RIVER BAY ROA	AD ,			21401			S.A.
ВУ	11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XX IF YES, GIVE WAR OR DATES	MED 13	WAS DECE It yes, spe 1 YES	ENDENT OF NISPAP polity Cuben, Maxica 2 XMO Specifi	NIC ORIGIN? (Species, Puerto Ricen, e y:	city Yes or No—	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(G College (1-4 or 5+)	CEDENT'S USUAL (ive kind of work done Do NOT use retired.) N PAPER	during mos	st of working	OSHE-TH:	OF BUSINESS/IND	USTRY
BE CO	17. FATNER'S NAME (First, Middle, Last) HARRY LUDWIG YOST				18. MOTHER'S NA ELSA D.		Maiden Sumame)	
10	19a. INFORMANT'S NAME (Typo/Print) MARY LOUISE YOST	(*** ** *)	b. MAILING ADDRES					
	204 METHOD OF DISPOSITION ALBurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 206. PLACE	AND DATE OF DISPO	SITION (Nar.	ne of ERY 1/1			City or Town, Stata RE, MARYLAND
	21. SIGNATURE OF FUNETIAL SERVICE LICENS	with		EROY .630	EDMONDSO	SSELL C N AVENU	E, CATONS	E FUNERAL HOMES SVILLE, MD. 21228
	IMMEDIATE CAUSE (Final	t only one ceuse on each ilne).					Interval Between
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF):	TIC	CAN	D10 V1	BCULA	n n ış
MEDICAL C	PART II. Other significant conditions c	ontributing to death but not n	esuiting in tha u	nderlying	cause givan in	P	AS AN AUTOPSY ERFORMED? VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL/	ACE OF DEATH (Che	eck only one)	· · · · · · · · · · · · · · · · · · ·	
HYSI		OSPITAL: Inpatient 2 ER/Outpetient 3 28a. DATE OF INJURY	DOA 4 Nu		5 Residence		y) NOW INJURY OCC	NIBED
ED BY P	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) 28a. PLACE OF INJURY — At horbuilding, atc. (Specify)	INJURY M me, term, street, fac	1 Y	ES 2 NO		Street and Number	or Rural Route Number,
COMPLET	29a. CERTIFIER CERTIFYING PHYSICIAN	N: To the beat of my knowledge, de						
BE COA	2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of exemination end/or i	nvestigation, in my		29c. LICENSE NUN			SIGNED (Month, Day, Year)
0	30 NAME AND ADDRESS OF REDSON WHO CO				033	121	- /	-10-92

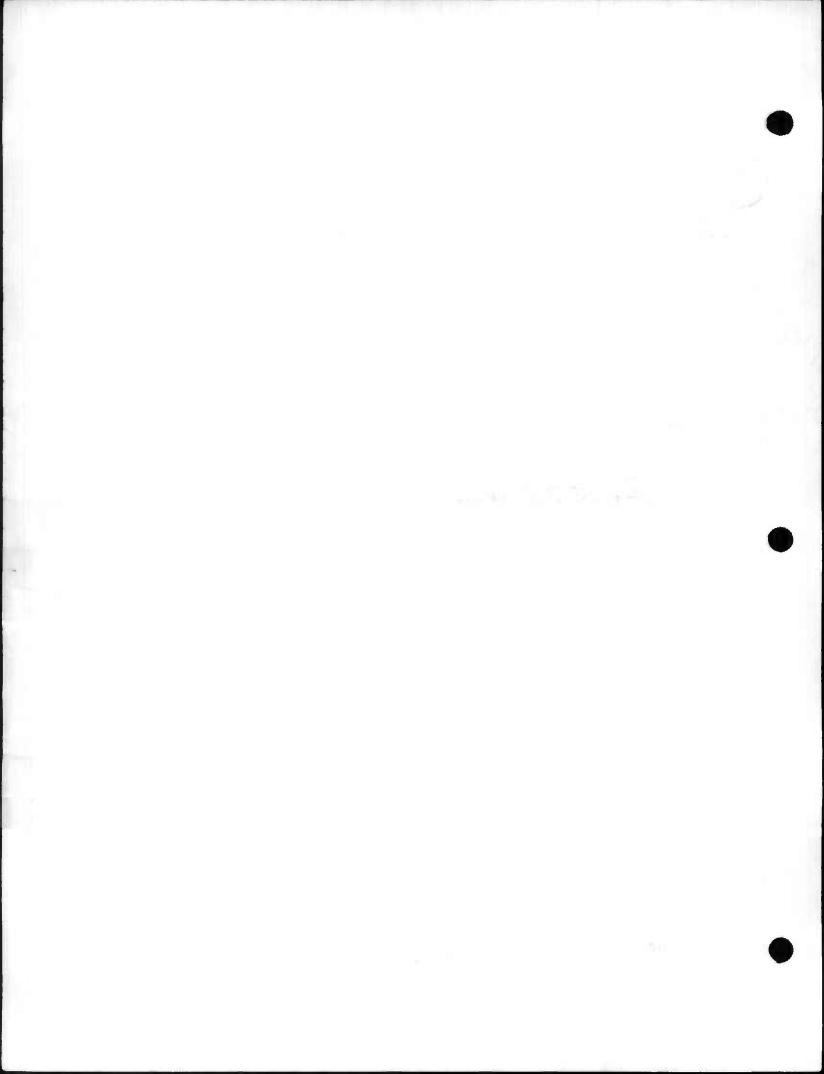
PGMNSULA

ROM



DIN TO THE HOSPITAL OR TO THE FUNERAL OIR	DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial.	, P.O. BOX death certificate be attending physician	13146, executed within and completely	filled in by	BALTIMORE after death. Page 6 may y the funeral director, p	BALTIMORE, MARYLAND 21203-3146 rs after death. Page 6 may be retained by the hospital or attending physic by the funeral director, page 5 should be detached for use as the burish	21203-3146 pital or attending phy d for use as the bur
be filed within 72 hour	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If from 28 is marked no litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lental Hygiene prior I urv. or other traus	to burial, cremation to the community of	on, or ren	noval. Cal examiner must	be notified at once.	

	FOR STATE REGISTRAR	STATE OF			TMENT ICATE				ENTAL HYGIEN REG. NO	_	_	0000
1	1. OECEDENT'S NAME (First, Middle Catherine)	Macini	yn Rebecc	a A	LSIP				2. DATE OF OEATH DO DO DO DO DO DO DO DO DO DO DO DO DO		YEAR 92	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214-09-1810	5. SEX	6. AGE (In yrs. last 87	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year) Sept. 23,	1904	s. BIRTHPL Country) Mary	ACE (State or Foreign
)	9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DEA			NTY OF DEA	
Æ Ⅱ	Reeders Memor	rial Home				Boon	sbor	0		Wa	shing	ton
5	RESIDENCE OF DECEDE	ENT COUNTY	i	10c CIT	Y, TOWN C	D I OCAT	ION				T	Od. INSIDE CITY
DIRECTO	Maryland	Washington			ager							LIMITS?
1	10e. STREET AND NUMBER	washing con			ager	_	ZIP CODE			10g. CIT		AT COUNTRY?
ER/	340 Belview	Avenue					2	1740			U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merri 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. ARM 1 YES 2 ARM WAR OR DATES	IED O		f yes, spe	cify Cuba	F HISPANIA n, Mexicen, Specify:	C ORIGIN? (Specify Ye, Puerto Ricen, stc.)	or No—		- American Indian, White, atc. white
COMPLETED	15. DECEDEN (Specify only high Elamentary/Secondary (0-12) 0-12	IT'S EOUCATION lest grade completed) College (1-4 or :	(G/v life:	ECCEDENT'S USUAL OCCUPATION live kind of work done during most of working asst. credit mgr. 13b. KIND OF BUSINESS/INDUSTR furniture mi								
CON	17. FATHER'S NAME (First, Middle, Geor		in.				18. MOTH		NE (First, Middle, Maiden Arminta Sl		r	
BE	19a. INFORMANT'S NAME (Type/Pr			MAILING	ADDRES	S (Street o	nd Number		oute Number, City or Tox			
2	Ms. Mary B. A								Hagerstown			d 21742
	20g, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3		20b. PLACE Cother place Rose	OF DISPO	SITION (No	me of cen	netery, crem	natory or			City or Town	
	4 ☐ Donation 5 ☐ Other (Special Section 21. SIGNATURE OF FUNERAL SEI		Nose	1111				SS OF FAC	Minnio			Maryland
	· Orolevi	EB Rome	kin						Blvd., Hag			
	23. PART I. Enter the disees				not enter	the mo	de of dyl	ing, such	es cardiec or resp	iratory ar	Test,	Approximete
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Affine	us chlastic	centi	oveaci	for of	lisear	۵,		=		Interval Between Onset and Deeth
z			TO (OR AS A CONSEC	UENCE C	PF):							
CATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		TO (OR AS A CONSEC	UENCE C	PF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	TO (OR AS A CONSEC	UENCE C	IF):							
CALC	PART II. Other algolficent c	onditiona contributing	to deeth but not re	sulting	in the u	nderlyin	g ceuse (given in F	Part I. 24a, WAS AI			WERE AUTOPSY FINDINGS
	dista	to mellotes	١						1 YE\$	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME		mention, notte	infact, Sev	erev					_			T YES 2 NO
ž		open Respire	the miteche	5								
PHYSICIAN: MED	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	0		ОТЊЕ		ACE OF D	EATH (Che	ck only one)			
ΥS	1 TYES 2 NO	1 ☐ Impetient 2	OF IN HIRV	DOA 28b. TII		28c, INJ		esidence :	S Other (Specify) 28d. OESCRIBE HOW	IN HIEV O	YCHRED	-
BY PI	1 Netural 5 Pend	fing (Month	, Day, Year)	IN	JURY	1 🗆	YES 2	□ NO				
	3 Suicide 8 Coul 4 Homicide detar	ld not be rmined	E OF INJURY — At heing, etc. (Specify)	me, farm,	street, tac	tory, offic	•		28t. LOCATION (Street City or Town, State	and Numbe	er or Rural Ro	ute Number,
COMPLETED	(Orden only	NG PHYSICIAN: To the best										and manner as stated.
8	29b. SIGNATURE AND TITLE OF	KI	nd					ENSE NUM		29d. DA	TE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PER		AUSE OF OEATH (ITE	M 27) (Typ	e, Print)		L	1-5	6579 1/2 Md	21	756	
	31. DATE FILED (Month, Day, Year)		TRAR'S SIGNATURE	- Chy	10	NE)	Nec.	assi) Ma		, -0	
	JAN 06 199	2 Julies	mile of		_							



	1. DECEDENT'S NAME (First, M			IFICATE			REG. NO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. M	GE (In yrs. last birth	day) IF UNDER 1	YEAR IF UNDER:	4 HRS. 7.	DATE OF BIRTH (Month, Day Year)	5 9	D. BIRTHPLACE (State or Foreign Country)
)	90. FACILITY NAME (If not instit	FOI	/ 0		OWN OR LOCATIO	N OF DEATH	10/4/	5 Lac COUNT	Maryland Y OF DEATH
FO.		ounty Hospital			erstown	or bear			hington
B		Ob. COUNTY	100	CITY, TOWN OR	LOCATION				10d. INSIDE CITY
	Maryland	Washington	H	agersto	wn				1 YES 2 NO
ERAL	10s. STREET AND NUMBER	at Chance			101. ZIP CODE 2174)		USA	N OF WHAT COUNTRY?
BY FUNE	715 N. LOCUS 11. MARITAL STATUS 1 Never Married 2 1 Me 3 Widowed 4 Divorce	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	It y		HISPANIC (ORIGIN? (Specify Yes Puerto Rican, atc.)		4. RACE — American Indian, Black, White, etc. Specify:
		ENT'S EDUCATION	18e DECEDE	NT'S USUAL OCC	IDATION				white
COMPLETED	(Specify only in Elementary/Secondary (0-12 9 years	ighest grade completed)	Give kin	d of work done dur OT use retired.)	ing most of working		Manufa		
ш	17. FATHER'S NAME (First, Midd Clyde Samue)	Chrisman					(First, Middle, Maiden e Easter		
TO B	190. INFORMANT'S NAME (Type Kathryn L. (715	N. Locu	st Stre	et H	Number, City or Tow lagerstow	n, Stote, Zip Ci	yland 21740
	20s. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 4 Pagnation 5 Char(S)	2 14 15 15 15 15 15 15 15 15 15 15 15 15 15	20b. PLACE AND D			·le			y or Town, State
	21 SIGNATURE OF FUNERAL S		uch	22. NA Gera	ME AND ADDRESS ald N. N eral Hon	of FACILI	ch 305	N. Po	wn, Maryland tomac Street n, Maryland
	ahock, or had immediate CAUSE (Final disasse or condition resulting in death)	. Acute					e cardiac or raapi		
CERTIFICATION	Sequantially list condition if any, lasding to immedia cause. Entar UNDERLYINC CAUSE (Disease or injury that initiated avents reaulting in death) LAST	ata G c.	S A CONSEQUENCE		e Col	NUN	ony dis	AVITA	VY 12 Tel
EDICAL CE	PART II. Other algolificant	conditions contributing to death	h but not result	ing in tha unda	riying cause gi	ven in Par	1 I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
X	25. WAS CASE REFERRED TO N	AEOICAL			26. PLACE OF DE	ATH /Chack /	onty one)		1 TYES 2 NO
	EXAMINER?	HOSPITAL:	Sutpatient 3 🗆 Do	OTHER:	Home 5 🗆 Resi				
SICIAN:	1 YES 2 4NO		Y 28h		c. INJURY AT WORK?	26	d. DESCRIBE HOW II	NJURY OCCUP	RED
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Per	28e. OATE OF INJUR (Month, Day, Yea entigation			YES 2	NO			
ED BY PHYSICIAN:	27. MANNER OF DEATH 1 Astural 5 Per 2 Accident Investigation 6 Con	nding (Month, Day, Yea	(r) JRY — At home, fe	М	YES 2		1. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
ETED BY PHYSICIAN:	27. MANNER OF DEATH 1	oding estigation (Month, Day, Yee estigation uld not be ermined 28e. PLACE OF INJU building, etc. (S	IRY — At home, fe	m, atreet, factory,	office	28f	City or Town, State)	mer es steted.	
ED BY PHYSICIAN:	27. MANNER OF DEATH 1	(Month, Day, Yee estigation uld not be ermined 28e. PLACE OF INJu building, etc. (S (ING PHYSICIAN: To the best of my kn L EXAMINER: On the basis of examina	IRY — At home, fe	m, atreet, factory,	office office date end place, alon, death occurred	28f	the cause(s) end men	mer es stated.	

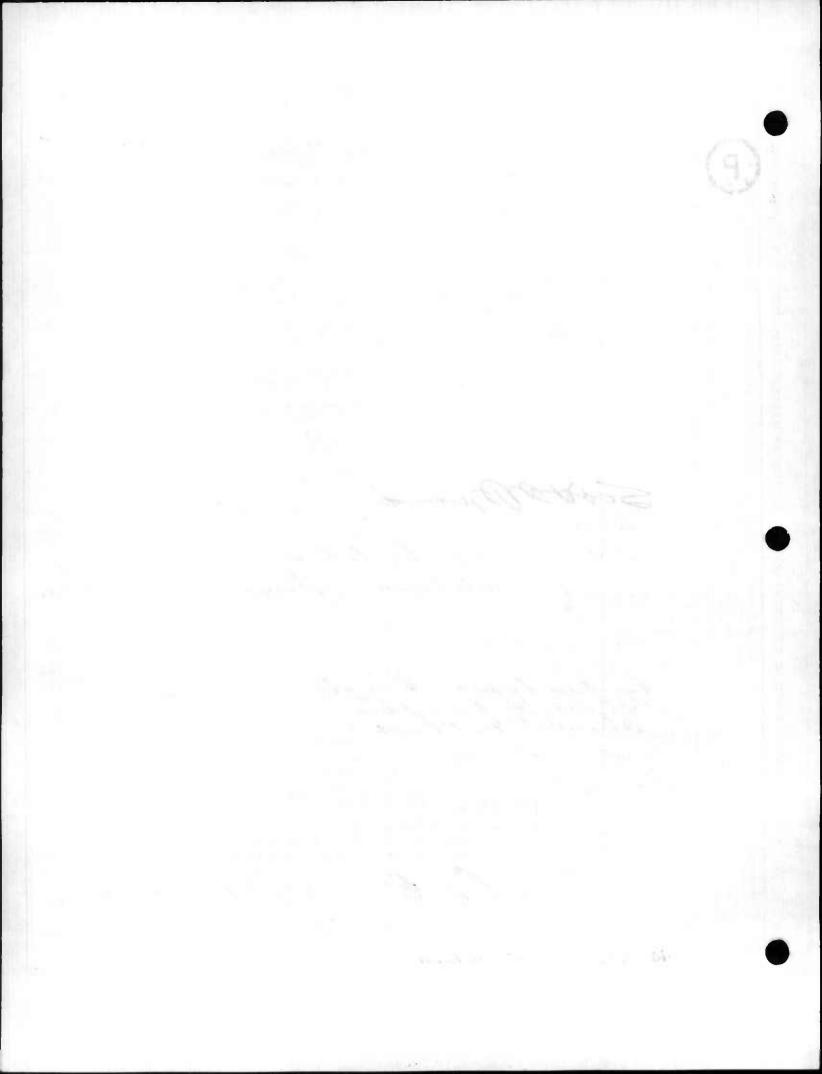
west 1. Minnich

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 00671

			CERTII		PEAIII	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Thelma France	es COSS				MONTH	2 9	2 7:50
\	4. SOCIAL SECURITY NUMBER	37	GE (In yrs. last birthday,		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Ford Country)
)	214-09-5372	1 M 2 F	82 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 17	1909 L	uray, Va.
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		Y OF DEATH
ETO!	Washington Count	y Hospital		Hage	erstown		Was	hington
W . A	10a. STATE 10b. COUNT		10c. Cl	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
DIR	Maryland Wa	shington		Hagersto	ntm			LIMITS?
- 1	10e. STREET AND NUMBER	July Coll			f. ZIP CODE		10a CITIZI	EN OF WHAT COUNTRY?
FUNERAL	11 W. Baltimore	Street			21740	1		
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify		USA 4. BACE — American Indian
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y		If yes, sp	cecify Cuban, Maxico 3 2 NO Specific	en, Puerto Rican, atc.)		Black, Whita, etc. Specify: White
ETED	15. DECEDENT'S EDI	CATION	16a. DECEDENT	S USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	
E I	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT	f work done during mo use retired.)	ost of working			
린	6		Toy N	laker		Toy		
COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Mail	ten Surname)	
BE	George Weston A	lger			Unknow			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a		Route Number, City or	Town, State Zip C	Inde)
유	Betty Reed					gerstown,		
- 1	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE					IIQ ZI/4U
	1 A Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		cemetery, cremetory or	other plece)		1		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Kest hav	zen Cemet	ery 1-4	r-92 Has	erstow	n, Maryland
	· = dy	man		A		CILITY Minni	ch Fune	ral Home
_	23. PART I. Enter the disesses, or	00)	unneg					own, Md. 21
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	E. DUE TO (OR A	A CONSEQUENCE O	on:	fluer	er		7 deg
ö	-							
4	PART II. Other significant condition	e contributing to deat	h but not resulting	in the underlying	a cause aiven in	Part I. 24s. WAS	AN AUTOPSY	24b, WERE AUTOPSY FIND
AN: MEDIC	Test afort	11	e well es sufu et d'ire	Bursel	ta .	PER	ORMEO?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
	Teft afore Lettieret 25. WAS CASE REFERENCE TO MEDICAL EXAMINENT	whi fee	-	Dewell Tolis 40-	ACE OF DEATH (Ch	+ □ YES	The state of the s	MAILABLE PRIOR TO COMPLETION OF CAR OF DEATH?
	Teff afore 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JUNE	11	e sufu	Startel Tolis OTHER:	ACE OF DEATH (Ch	+ □ YES	The state of the s	MAILABLE PRIOR TO COMPLETION OF CAR OF DEATH?
	Teff afore 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 JUN 27. MANNER OF DEATH	HOSPITAL:	out suffer	26. PL OTHER: 4 13 Nursing Hon	ACE OF DEATH (Ch	+ □ YES	2 ES MA	MAILABLE PROBES COMPLETION OF CAI OF DEATHY 1 YES 2 NO
PHYSICIAN:	Teff afore 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JUNE	HOSPITAL:	out suffer	26. PL OTHER: 4 ID Nursing Hom WG 26d, INJ. UUITY WG	ACE OF DEATH (Ch	PERF 1 VES eck anty-one)	2 ES MA	MAILABLE PROBES COMPLETION OF CAI OF DEATHY 1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 JUN 27. MAINTER OF DEATH 1 Minural 5 Printing	HOSPITAL: 16 Inpetient 2 ERVO 28s. DATE OF INJUS (Month, Dag Yes	Outpetient 3 DOA 26b. Til (N) JBY — At home, herm,	26. PL OTHER: 4 Mursing Hom ME OF 26d. RIJ WO 1 1 1	LACE OF DEATH (Ch	# T YES # T YES # T YES # T YES # T YES # T YES # T YES # T YES	W SHJUTTY OCCU	MAILABLE PROBES COMPLETION OF CAI OF DEATHY 1 YES 2 NO
ETED BY PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 July 22. MANNER OF DEATH 1 Status 5 Pending Investigation 2 Accident Investigation 2 Butcide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 10 Inpetient 2 EPVO 28s. DATE OF INJUIT (Month, Day the building, etc. (S	Autpetient 3 DOA RY 28b. Til NO USY - At home, ferm, specify)	DE PE OTHER: 4 I Mursing Hoe ME OF 28c, INJ URY M 1 1 1 1 street, fectory, effici	ACE OF DEATH (Ch	eck only one) 5 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (She City or finen, Sh	N INJUTTY OCCUR	AMALABLE PROPRIET COMPLETION OF CAI OF ORATHY 1 YES 2 NO RED
ETED BY PHYSICIAN:	25. WAS CASE REFERENCED TO MEDICAL EXAMINER? 27. MANNER CE-DEATH 1	HOSPITAL: 11 Tiperfeet 2 ERVO 28e. DATE OF INJUS (Month, Dog the 28e. PLACE OF INJUS building, etc. ()	Autpetient 3 DOA RY 28b. Til NO USY - At home, ferm, specify)	DE PE OTHER: 4 I Mursing Hoe ME OF 28c, INJ URY M 1 1 1 1 street, fectory, effici	ACE OF DEATH (Ch	eck only one) 5 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (She City or finen, Sh	N INJUTTY OCCUR	MAILABLE PROPERTY COMPLETION OF CAL OF DEATHY 1 YES 2 MO RED RED
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERENCED TO MEDICAL EXAMINER? 27. MANNER CE-DEATH 1	HOSPITAL: 11 Tiperitent 2 ERVO 28s. DATE OF INJUS (Month, Dog the 28s. PLACE OF INJUS building, etc. 6	Autpetient 3 DOA RY 28b. Til NO USY - At home, ferm, specify)	DE PE OTHER: 4 I Mursing Hoe ME OF 28c, INJ URY M 1 1 1 1 street, fectory, effici	ACE OF DEATH (Ch	# TYES # TYES	W MULTITY OCCU at and Mumber or the)	AMALABLE PROPRIET COMPLETION OF CAI OF ORATHY 1 YES 2 NO RED
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERENCED TO MEDICAL EXAMINERY 27. MANNER CE-DEATH 1	HOSPITAL: 19 Teperient 2 ERVO 28s. DATE OF INJUST (Month, Dog the 28s. PLACE OF INJUST building, etc. 6	Dutpetient 3 DOA TY 265. Til TY Al home, herm, specify) nowledge, death occur etion and/or investigati	26. PL OTHER: 4 IJ Nursing Hom ME OF 286, RAJ ULITY WO street, factory, efficiency of the time, data ton, in my opinion, d	ACE OF DEATH (Ch	# TYES # TYES	W MULTITY OCCU at and Mumber or the)	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES Z NO RED Floral Flouts Number Cause(s) and manner as state
TO BE COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERENCED TO MEDICAL EXAMINER? 27. MANNER CE-DEATH 1	HOSPITAL: 19 Teperient 2 ERVO 28s. DATE OF INJUST (Month, Dog the 28s. PLACE OF INJUST building, etc. 6	Dutpetient 3 DOA TY 265. Til TY Al home, herm, specify) nowledge, death occur etion and/or investigati	26. PL OTHER: 4 IJ Nursing Hom ME OF 286, RAJ ULITY WO street, factory, efficiency of the time, data ton, in my opinion, d	ACE OF DEATH (Ch	# TYES # TYES	W MAJARRY OCCUR st and Number or namer as stated and due to the o	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES Z NO RED Floral Flouts Number Cause(s) and manner as state

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OF MARYLAND / DEPARTM CERTIFIC	ATE OF DEATH	MENTAL HYGIENE REG. NO.								
		Cowan.		2. DATE OF DEATH DAY	3. TIME OF DEATH							
0.0191	4. SOCIAL SECURITY NUMBER 2 14-09-4929 9a. FACILITY NAME (If not institution, give street and num	6. AGE (In yrs. last birthday) F	FUNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 06/24/190	8. BIFTHPLACE (State or Foreign Country) Mercoars bug, 1							
E P	Washington Ory	tospital	Hagerstown		USA WASH							
DIREC	MD 106. COUNTY Washington	n 10c. CITY, T	own or location this burg		10d, INSIDE CITY LIMITS? 1 X YES 2 NO							
FUNERAL	100. STREET AND NUMBER 68 W. Water St.		101. ZIP CODE 21783	10g. (CITIZEN OF WHAT COUNTRY?							
B⊀	1 Never Married 2 V Married FORCE	ECEDENT EVER IN U.S. ARMED S? 1 1 YES 2 NO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxico 1 YES 2 NO Specif		- 14. RACE — American Indian, Black, White, atc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffee (1	Illia Do MOT usa e	done during most of working tired.)	166. KIND OF BUSINESS/								
	17. FATHER'S NAME (First, Middle, Lest) William L. Cowan	1,000	18. MOTHER'S NA	AME (First, Middle, Melden Surname ELVEY								
TO BE	19a. INFORMANT'S NAME (Type/Print) A. Catherine Cowan	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, State,	Zip Code) 21740							
	A. Catherine Cowan 20e. METHOD OF OISPOSITION 1 X Burlal 2 Cremation 3 Removat from State 4 Donation S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Capitality of control place) 3 Smiths burg Cemetery 1-8-92 Smiths burg, MD											
	22. NAME AND ADDRESS OF FACILITY Davis Funeral Home. Rt. 3 Box 78 Smithsburg MD 21783 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate											
Z	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	one thet caused the death. Do not one cause on each line. DUE TO (OR AS A CONSEQUENCE OF)	enter the mode of dying, suc	h ea cardlec or reapiratory	Approximate intervet Betwee Onset and Dea							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificent conditions contributed and contribu		he underlying cause given in	Part I. 24s. WAS AN AUTOPS PERFORMEO? 1 VES 2 NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{NO}\) NO 1 1 1 Input let		26. PLACE OF DEATH (Ch									
B	1 Platural S Pending 2 Accident Investigation	ATE OF INJURY Annih, Day, Yea) A ACE OF INJURY A ALEGE OF INJURY	M 1 VES 2 NO	St. uselked	unto seed for							
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City offices, State)											
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	(Check only CERTIFTING PHYSICIAN: To the	best of my knowledge, death occurred ass of examination and/or investigation, to										
O BE COMPLET	(Check only CERTIFTING PHYSICIAN: To the	els of examination and/or investigation, to		time, data and placa, and due to MBER 29d. D								

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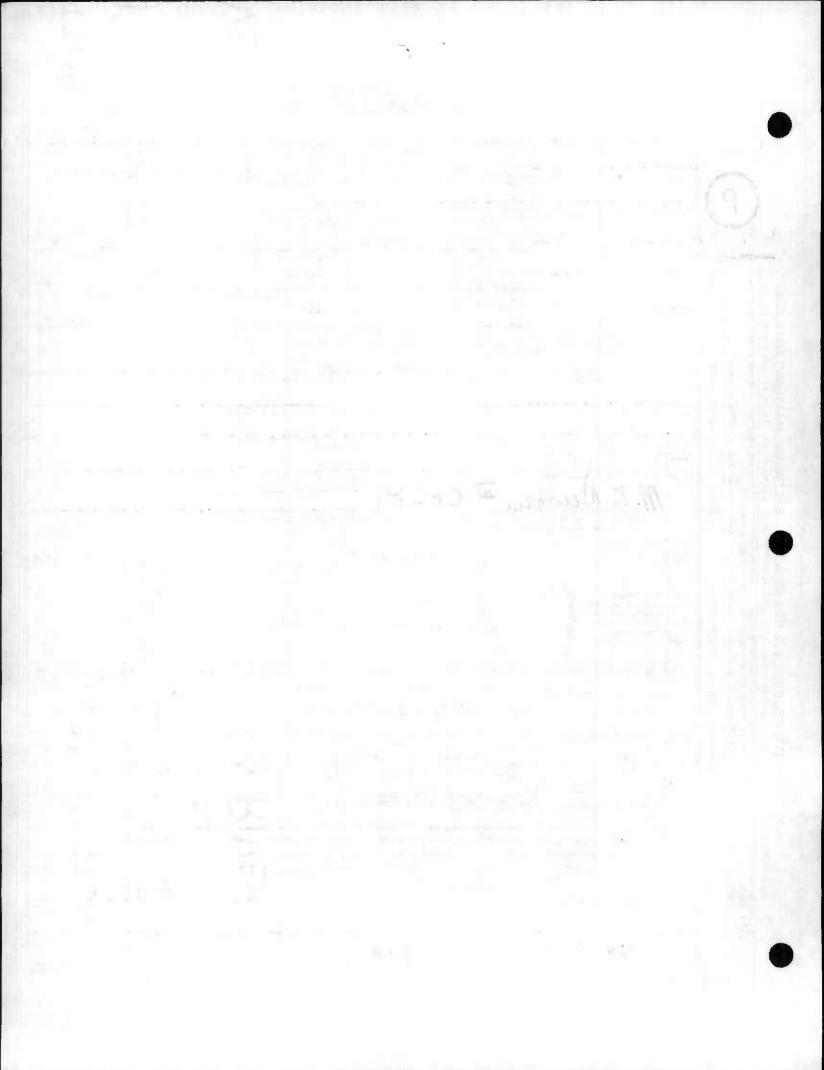
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physici	lled in by the funeral director, page 5 should be detached for use as the burial-1, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-1 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

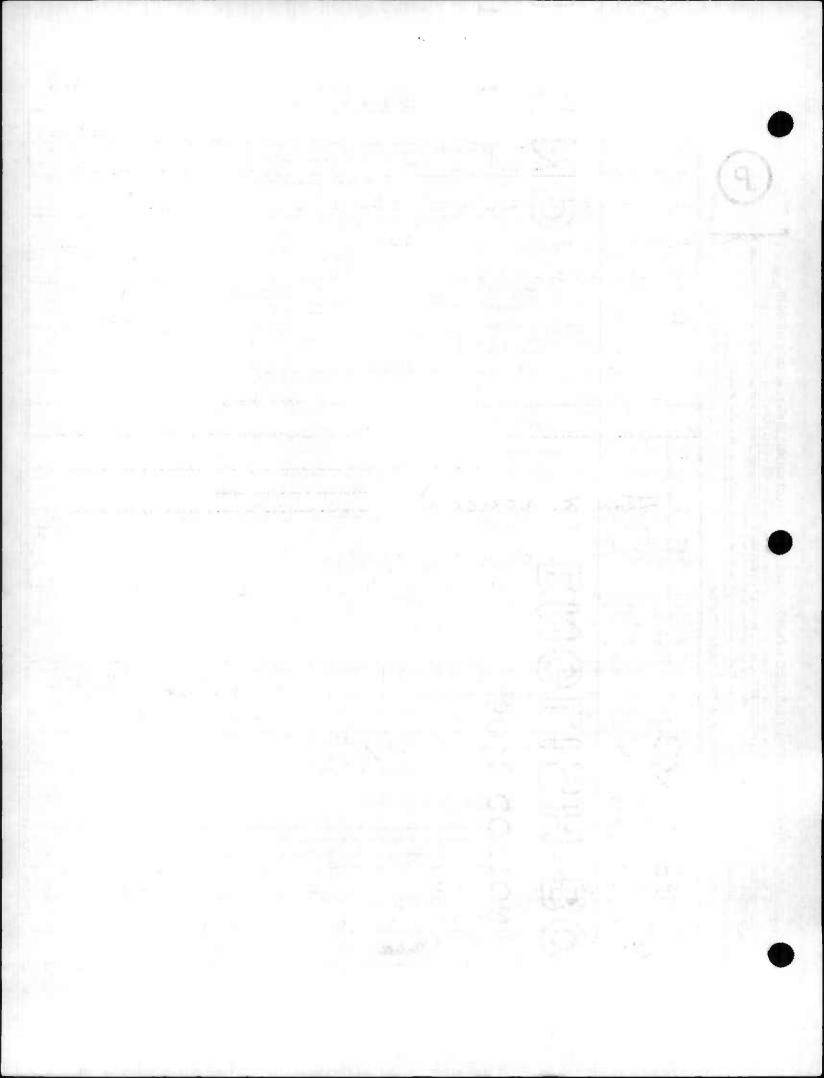
	1. DECEDENT'S NAME (First, CHESTER N	MADISO					F DEA		2. DATE OF DEMONTH	1 19	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMB 214-03-3135	5	5. SEX 1 X M 2 F	6. AGE (in yrs. is	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS. MIN.	7. DATE OF BIR (Month, Day, 1	(ear)	Coun	HPLACE (State or For try) 1ryland
9	90. FACILITY NAME (If not in Meridian Nu RESIDENCE OF DEC	ırsing		e Pines		96. CITY, TOWN		ION OF OEA	тн		1bot	
DIRE	Maryland	10b. COUNT				r, TOWN OR LOC rdova	ATION				H	10d. INSIDE CITY LIMITS? 1)(X) YES 2
FUNERAL	31060 CO1						216	25		U	SA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE V	YES 2 AAR OR DATES	RMED NO	If yes,	specify Cub		C ORIGIN? (Spe Puerto Rican, i	olfy Yes or No— ntc.)	Bla	CE — American India ck, White, etc. city: White
COMPLETED		EDENT'S EOU y highest grad 0-12)		- C	Give kind of v b. Do NOT us	usual occupa work done during se retired.)	most of work	ing		of Business/in		
BE COM	17. FATHER'S NAME (First, M Luther M.	R. Ca	rter			1920	16. MOT	da Vi	E (First, Middle,	Maiden Surname) Pyne		
TO 1	19a. INFORMANT'S NAME (I					Box 76,				or Town, State, Z 25	ip Code)	
	1 Deurlel 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (File	(Specify) LL SERVICE LI LISEUSES, OF JOSEPH FOILUTE.	icensee	Sprin	S (Seath. Do r	Ne 20	wnam	Funer Harri	al Hom	East	on,	MD 21601 Approxima Interval Be Onset and
_	disease or condition resulting in death)	+	b	OF AS A CONS								45
ERTIFICATION	Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or Inju- that initiated events resulting in death) LAS	diete ing ury	c	OR AS A CONS								
MEDICAL CERTIFI	if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju that initiated events	ediete ING ury ST	cDUE TO	o death but not	EOUENCE O	F):				MAS AN AUTOPS PERFORMEO? YES 2	7 24	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
SICIAN: MEDICAL CERTIFI	if any, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or Injuthat Initiated events resulting in death) LAS	ent condition	d	death but not	resulting	In the underly	S PLACE OF	DEATH (Che	_ 10	PERFORMEO? YES 2 NO	1 2	AVAILABLE PRIOR COMPLETION OF
PHYSICIAN: MEDICAL CERTIFI	if any, leading to Imme couse. Enter UNDERLY CAUSE (Disease or Inji that Initiated events resulting in death) LAS PART II. Other aignifications of the country of the coun	ent condition	d	death but not	resulting	In the underly CKS L 28 OTHER: 12 Nursing I	S PLACE OF	DEATH (Cho	ok only one) B □ Other (Spec	PERFORMEO? YES 2 NO		4b. WERE AUTOPSY FI ANALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 1
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnification of the company of the compan	ent condition C B TO MEDICAL Pending	d	death but not	resulting	In the underly CKS L 26 OTHER: LEOF 28c. JURY M 1	PLACE OF	DEATH (Cho	1 1 ck only one) B Other (Spec	YES 2 NO	CCURED	AMILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH? 1 YES 2 1
PLETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other algnification in the country of the countr	ent condition FO MEDICAL Pending Investigation Could not be datermined ITIFYING PHY DICAL EXAMIN	d	D (OR AS A CONSIDER OF A CONSIDER OF A CO	resulting resulting DOA 28b. TIM IN.	In the underly CKS L 26 OTHER: 4 Nursing HE Of 28c. JURY M 1 [street, factory, o	PLACE OF Owner 5 1 1 1 1 1 1 1 1 1	DEATH (Che Residence NO	1 Cock only one) 8 Other (Special OESCRIBE 26f. LOCATION City or Row to the cause(a)	PERFORMEO? YES 2 NO ONE (Street and Numb n, State)	CCURED or or Rura	ANALABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?
ETED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inji that Initiated events resulting in death) LAS PART II. Other aignification of the control of the contr	Pending Investigation Dical Examine	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month, 28b. PLACE building SICIAN: To the basis of	D (OR AS A CONSIDER OF CONTROL OF	a resulting a poly a	In the underly In the underly	PLACE OF OF THE PLACE OF OF THE PLACE OF OF THE PLACE OF	DEATH (Che	1 Ck only one) 8 Other (Special Octoor Row City or Row to the cause(a)) BER	PERFORMEO? YES 2 100 (Street and Numb., State) and manner as si	ccured or Aura	AMALABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2 P



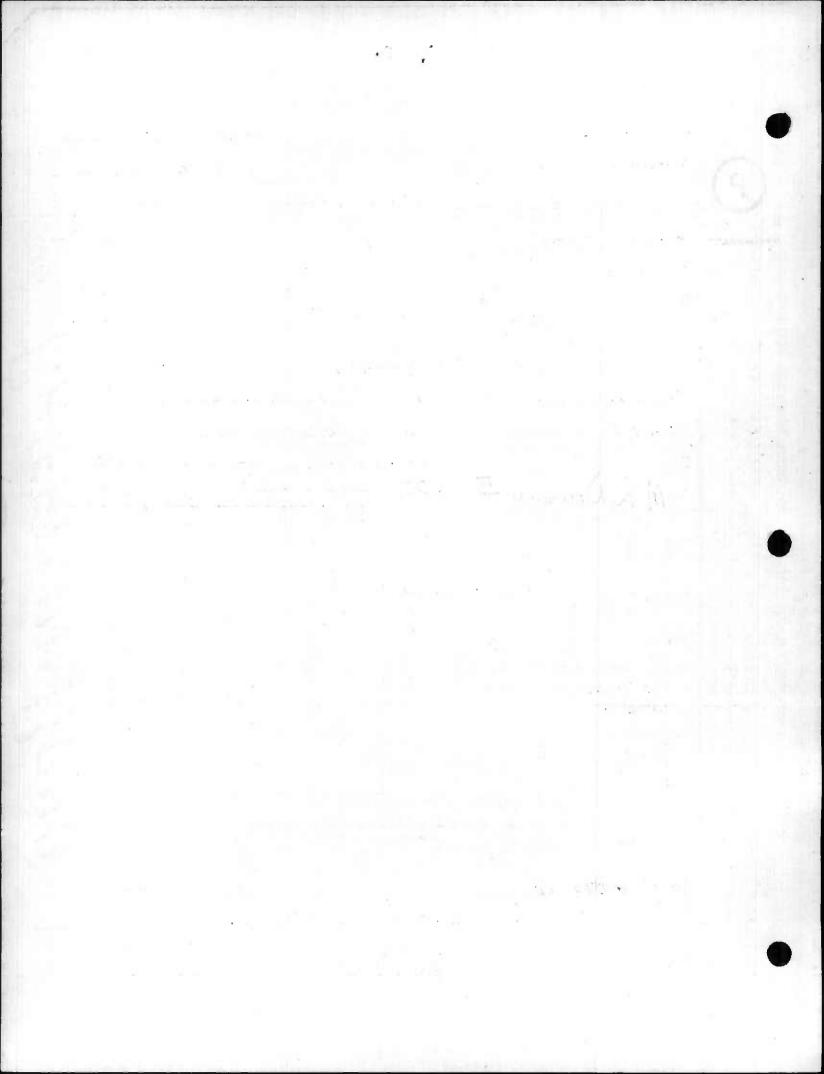
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIMIL OF	CI	ERTIF	ICATE			MENIAL	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)	4//						2. DATE OF	DEATH			3. TIME OF DEATH
CLOTILDA S	COLI	NCELL						MONTH 1	7	1992	YEAR	2:00 AM M
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.	7. DATE OF		1992	8. BIRTH	IPLACE (State or Foreign
216-48-5442	2	1 M 2XXF	88	YRS.	MONTHS D	AYS HOL	RS MIN.	(Month, D	Pay, Year)	1903	Countr	ryland
9a. FACILITY NAME (If not in		treet and number)			9b. CITY, TO	OWN OR LO	CATION OF O	EATH			NTY OF O	
Meridian-The	e Pine	s Nursin	Center		East	on				Ta	l hot	
10a. STATE	10b. COUNTY		4 14 0	7	TY, TOWN OR I	LOCATION						10d. INSIDE CITY
Maryland	Ta	1bot		Ea	ston							LIMITS? 1 TES 2 X XNO
10e. STREET AND NUMBER					50011	10f. ZIP	CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
9712 Three	Bridge					216					SA	
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12		4	H	louse	wife							
17. FATHER'S NAME (First, M	fiddle, Last)			7200		18,	MOTHER'S NA	AME (First, Mid	idia, Maider	Sumame)		
James Stev	wart						Josie	Ewing	g			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS (S	Street and No	mber or Rural	Route Number,	City or Tox	wn, State, Zig	Code)	
Phillip E. (Counce	11	1	1469	Three	Bric	ige Br	anch I	Road.	Cor	dova	MD 21625
20a. METHOD OF DISPOSIT	TION		20b. PLACE	AND DAT	E OF DISPOS	ITION (Nan		DATE	7	OCATION -		
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4 Homicide	Could not be determined	building	, etc. (Specify)					City or	Town, State	9)		
29a. CERTIFIER 1 CER	ITIFYING PHYS	ICIAN: To the best of	of my knowledge, d	leath occur	rred at the time	e, data and	place, and du	ra to the cause	e(a) and m	anner as sta	rted.	
anal	DICAL EXAMINE	ER: On the basis of	examination and/or	Investigat	lon, in my opi	nion, death	occured at th	e time, data a	nd place, a	and due to t	he cause(a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R			_	296	LICENSE NU	UMBER		29d. DA	TE SIGNED	D (Month, Day, Year)
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approvince the control of the cause of the caus		DME 1)	1000-11/22	· DC	FOIL	N								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY 8,1992 DURCHLAUB PAULINE 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Oct. 4, 1897 MONTHS DAYS HOURS 214-74-4553 1 M 2 X F 94 VRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BROOKE GROVE NURSING HOME OLNEY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DIRE Maryland Montgomery Derwood permit. 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 18600 Azalea Drive 20855 n by the funeral director, page 5 should be detached for use as the bunial-transit removal. by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yee, specify Cuben, Mexicen, Puerto Ricen, atc.)
 U YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21203-3146 1 Never Merried 2 Merried BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) 8 Homemaker Home 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at once. 17. FATHER'S NAME (First, Middle, Last) Justine Baumgartner Hiller Karl urs after death. Page 6 may be retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elsie L. DeWall Same as 10e. pe 20s. METHOD OF DISPOSITION
14 Burlet 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Bel Air Memorial Cemetery Bel Air, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY murie Muriel H. Barber Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, medicai filled in by shock, or haart fallure. List only one cause on each line. 0 IMMEDIATE CALISE (Final signed by the attending physician and completely fille Health and Mental Hyglene prior to burial, cremation, or other traumatic event, the disease or condition Amst die regul reaulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): Premon CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST item 23 shows any Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? Azeilos 1 YES 2 NO has been s Dept. of H PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) State this certificate HOSPITAL: OTHER:
4 Disjursing Home 5 - Residence 8 - Other (Specify) 1 - YES 2 -40 1 Inpetient 2 ER/Outpetient 3 IDOA 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d. DEȘCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death with them 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER

There and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated. FUNERAL I IMPORTANT: If 2 SMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end placa, end due to the cause(a) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 표보 2 2 3 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mo

32. REGISTRAR'S SIGNATURE
Juna Davidson Randell

& cuti

92 00676

2. DATE OF DEATH

JANUARY

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

White

20882

Approximata

Nay 3

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Interval Batween

Onset and Death

5:43

8. BIRTHPLACE (State or Foreign

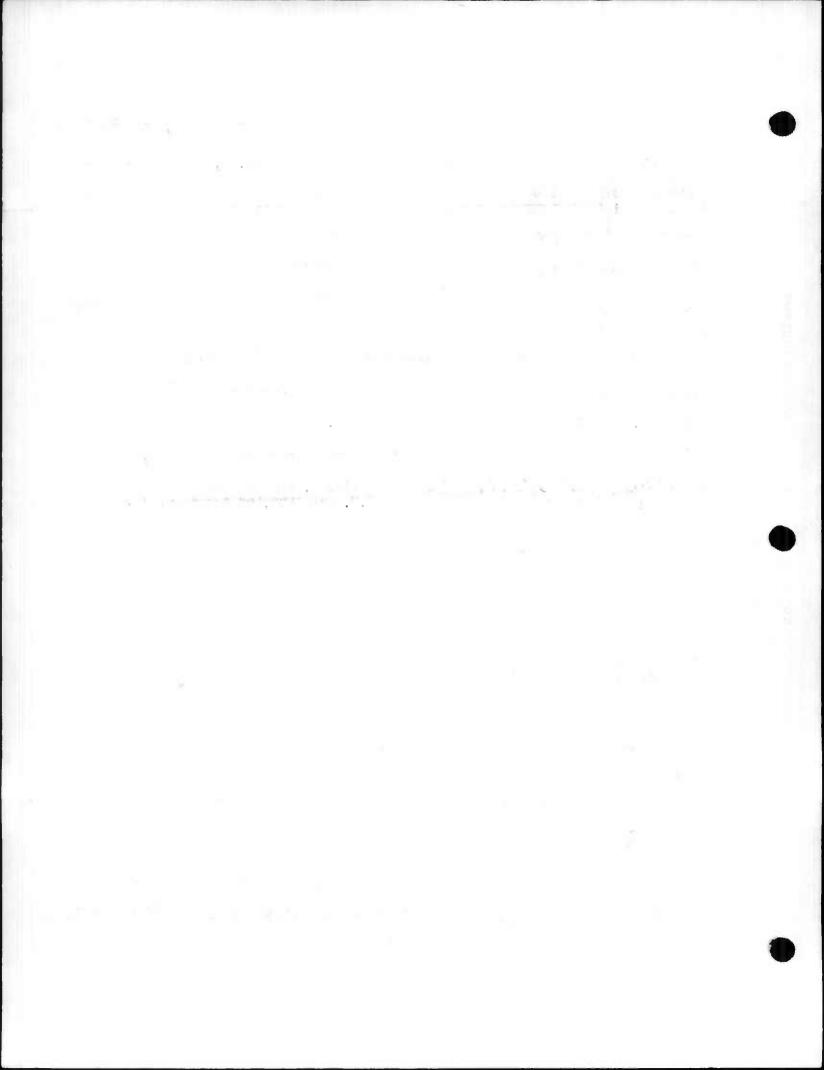
Germany

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

USA

9c. COUNTY OF DEATH



_	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I	HEALTH AND ME	ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	y HANN THUMA	Fn	ER: 2	DATE OF DEATH DAY	YEAR GISON M					
P	4. SOCIAL SECURITY NUMBER 218 30 - 9760 90. FACILITY NAME (If not institution, give	5. SEX 1 (And 2 F	YRS. MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) OCTOBER 24.19						
1	WASHINGTON COU			RSTOWN		ASHINGTON					
DIREC		HINGTON	10c. CITY, TOWN OR LOCA HAGERSTO			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	1847 PRESTON			1. ZIP CODE 21742	16g. CIT12	U.S.A.					
益	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O If yes, sp	DENDENT OF HISPANIC Hecity Cuban, Mexican, P S 2 X NO Specify:	ORIGIN? (Specify Yes or No— Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE					
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) (Gh College (1-4 or 5 +)	CEDENT'S USUAL OCCUPATION of work done during me Do NOT use retired.)	ON ost of working	16b. KIND OF BUSINESS/INDU	USTRY					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Maiden Surname)	EATING COMPANY					
111	HOWARD 19e. INFORMANT'S NAME (Type/Print)	190	RIDINGER	CORA	(NMN) Number, City or Town, State, Zip	PADEN					
TO BI	FERN P. FRID				HAGERSTOWN,	MD. 21742					
Hust Hust	4 Donatton 5 Other (Specify)	Burlei 2 Cremetion 3 Removal from State Commettion 5 Other (Specify) ROSE HILL ICE CEMETERY 1-7-92 HAGERSTOW									
al examiner	23. PART I, Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest,										
event, the medical	ehock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Silateral		pure of dying, auch a	6	Approximate Interval Between Onset and Daath					
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b		•							
MEDICAL	AMENIA CENT	accontributing to death but not re	lesset Mis	g ceuse given in Par	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	OTHER:	ACE OF DEATH (Check of							
-	27. MANNER OF DEATH 1 Neturet 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	URY AT 28-	d. DESCRIBE HOW INJURY OCCU	URED					
TED	2 Accident Investigation 3 Suicids 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY — At hom building, atc. (Specify)		/ES 2 NO 281	f. LOCATION (Street and Number of City or Town, State)	w Rural Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge, des	th occurred at the time, data vestigation, in my opinion, d	and place, and due to the	he cause(s) and manner as atate	d. csuse(s) and manner as stated.					
O BE CON	296. SIGNATURE AND TITTE OF CENTIFIE	MD Reynol	Physician	29c. LICENSE NUMBER		SIGNED (Month, Ony, Year)					
F	30. NAME AND ADDRESS OF PERSON WH	UMD 145	27) (Type, Print) 9 Potov	nae Ar	se. Naye	nstown					
	JAN 07 1992	32. REGISTRAR'S SIGNATURE	4.		V						

x 237 - 58

> Approximats Intervei Batween **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTMENT OF CERTIFICATE C	F HEALTH AND OF DEATH	MENTAL HYGIE REG. N						
	1. DECEOENT'S NAME (First, Middle, Las Blanche 4. SOCIAL SECURITY NUMBER	Elizabeth	Green	well	1-2	-92	EAR 3. TIME OF DEATH				
A D	219-46-9636-J1 90. FACILITY NAME (If not institution, give	1 M 2 F	0 1 1	VN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) March 7. DEATN	1001	BIRTHPLACE (State or Foreign Country) Maryland OF DEATN				
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland St.	Marv's	10c. CITY, TOWN OR LO	OCATION	OGOTT	101	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER Rt. 3 Box 340 11. MARITAL STATUS	12. WAS DECEDENT EVER		101. ZIP CODE 20636		U.S.	OF WHAT COUNTRY?				
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO If yes	DECENDENT OF HISP/ , specify Cuben, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Y sen, Puerto Ricen, atc.) i/y:		RACE — American Indian, Black, White, etc. Specify: hite				
COMPLETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondery (0-12) 7th Grade	UCATION fe completed) College (1-4 or 5 +)	18e. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.) Homemaker	ATION most of working		USINESS/INDUS	TRY				
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel E. Jone	es		Annie		King					
TO	19e. INFORMANT'S NAME (Type/Print) Dorothy Rosa Sic 20e. METHOD OF DISPOSITION 1 Green Burley 2 Commellon 3 Re	201	19b. MAILING ADDRESS (Str. 510 Indian E b. PLACE AND DATE OF DISPOSITION metery, cremetory or other place)	Bridge Rd.	, Californ		ryland 20619				
	41 Donellon 5 Other (Specify)	[S	t. John's Cemet 22. NAMI Matt	e and address of Fi ingley-GA	ACUUTY Ardiner Fur	neral H	, Maryland ome, P.A.				
	23. PART I Enter this diseases, of shock, or hisrif failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	an	d the death. Do not enter the	Box 270, mods of dying, sur	Leonardto	OWn , Ma	Approximate Intervel Batwee Onset and Dea				
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other eignificant condition	one contributing to deeth b		ying cause given in	Part I, 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF DEATN (Ci							
ву РНУ	27. MANNER OF DEATN 1 Statural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 18c. INJURY M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO				
	3 Suicide 8 Could not be determined	bullding, atc. (Spec			281. LOCATION (Street City or Town, State	n)	Rural Route Number,				
COMPLETE	(Check only	ER: On the basis of examinatio	riedge, death occurred at the time, on end/or investigation, in my opinion	late end place, end du	time, data and place, e	nd due to the ce	ruse(s) end manner es stated.				
Ш				29c. LICENSE NU			GNEO (Month, Day, Year)				

32. REGISTAR'S SIGNATURE

FOR 1 STATE

JAN 6 92

DHMH-18 Rev 1/89

epiron of autothin and latingen expenses is C

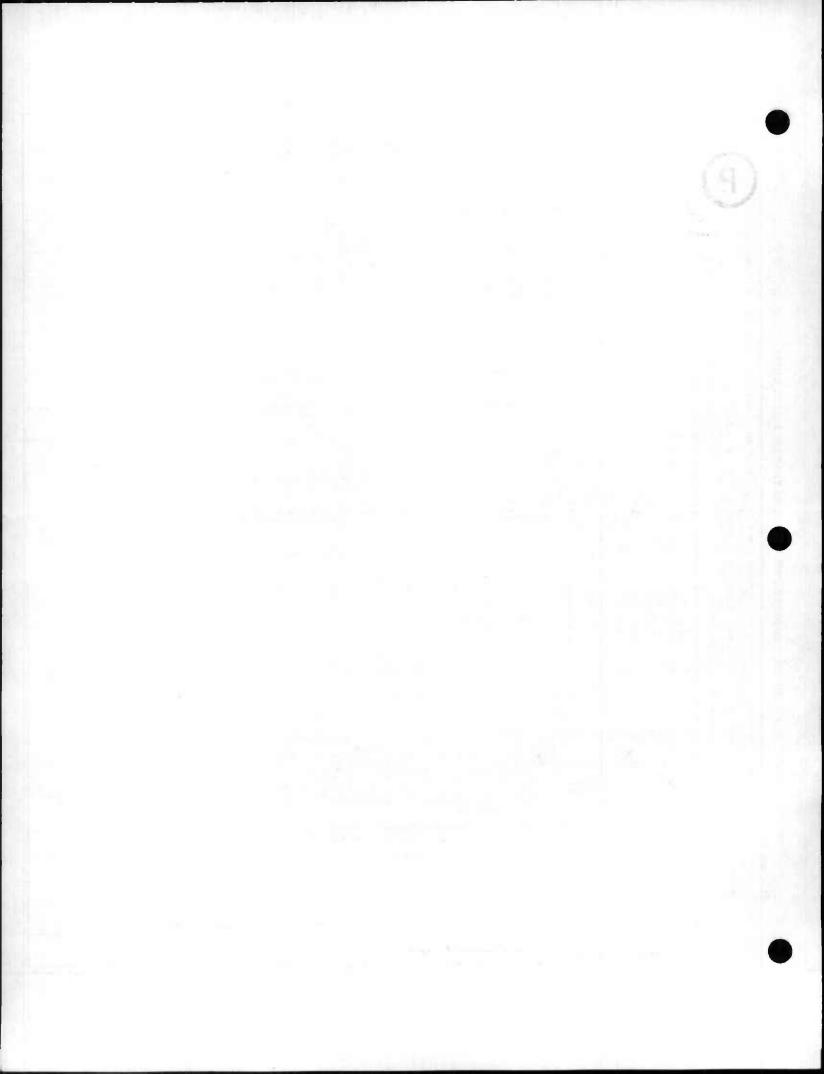
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uted with	complete	irial, crem	Ic event
e be exec	sician and	orior to be	traumat
certificat	ydd guibr	Hygiene p	or other
the death	y the atte	d Mental	Injury, o
equires that	an signed b	of Health ar	hows any
The law re	e has bee	te Dept. c	ım 23 s
SICIAN:	certifical	h the Sta	d, or ite
NING PHY	After this	death wit	marke
ATTENC	RECTOR:	irs after (m 28 is
PITAL DR	FRAL DIF	n 72 hou	T: If Ite
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

JAN 06 1992

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR	RTMENT	OF H	TEALTH DE A	AND I	MENTAL HYGIEI	NE	-	006/9
	1. DECEDENT'S NAME (First, Char		Fra	ncis		HOL				2. DATE OF DEATN	DAY	2 YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 214-16-1516		5. SEX 1 🔀 M 2 🗌 F	6. AGE (in y)	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BtRTI	HPLACE (State or Foreign ny) Yland
D.	90. FACILITY NAME (If not in Washington (County		1				STOW			9c. COL	SHIN	
рінесто	Maryland	10b. COUNT	ington			y, town or location erstown							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	9806 Sharpst	ourg P		1 K C 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 K VES 2 NO				101. ZIP CODE 104 21740					WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	- 1 - 1	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—tt yee, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 X NO Specify:					Blac	E — Americen Indian, k, White, etc. #y: 1 te		
COMPLETED	15. DECI (Specify only Elementery/Secondary (0	EDENT'S EDU highest grade -12)	CATION completed) College (1-4 or 5	usual or work done of se retired.)	during mo	st of working	rg	Aircr			acture		
BE COM	17. FATHER'S NAME (First, MI George	iddle, Lest)			Holtz			18. MOTI	HER'S NAI	ME (First, Middle, Maider			erguson
TO	A. Beverly Ho	oltz		196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9806 Sharpsburg Pike Hagerstown, MD 21740									
	20e. METHOD OF DISPOSITI 1 XBurlel 2 Cremetio 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Rem (Specify)		- Rest	CEAND DATE	ther place)	eter	У		/92 Hag	ersto		mn, State D 21740
	· ///gol	11-0	Ha_			P	.O.B	ox #	348	AL HOME Williams			1795
	23. PART I. Effer the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ei	a. Isch	mplicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, at only one ceuse on each line. Ischemic Heart dusiase DUE TO (OR AS A CONSEQUENCE OF): Audition of dying, such as cerdiac or reepiratory errest, and an experimental exp							Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST	flate NG ry	Coro	COR AS A CO	ASSOCIACE OF	S	10	lista	re				years
MEDICAL	PART II. Other significan	nt condition	e contributing to	deeth but n	ot resulting	in the un	deriyin	g ceuse g	lven in I	Pert I. 24e. WAS AP PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	SD/Overeller		OTHER	t:			ick only one)			
ву РНУ	27. MANNER OF OEATN 1 Natural 5 1	Pending nvestigation	26e. OATE OF (Month, D	INJURY	28b. TIM		28c. INJ WO			8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 G	Could not be letermined	28e. PLACE O building,	PF INJURY — A etc. (Specify)	it home, term, i	itreet, fecto	ory, office			281. LOCATION (Street City or Town, State	end Number	or Rural F	loute Number,
COMPLETED										to the ceuse(e) end me) end manner se stated.
TO BE C	296. SIGNATURE AND TITLE	400	of m	_				29c. LICE D 2/	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH	(TEM 27) (Type,	Print)		7.		na./	21	24	()



Top Street and number		1. DECEDENT'S NAME (First, Middle, Last) Ruth Neomia HAHN					2. DATE OF DEATH MONTH DAY YEA		3. TIME OF DE
Washington County Hospital Hagerstown Washington Hagerstown Hagerstown Washington Washi	7	214-09-0464	1 □ M 2 🔯 F				7. DATE OF BIRTH (Month, Day, Year) Feb. 19,1	.917 Ma:	ountry)
THE TYPE AND AUMENT 12 WAS DECEDENT SERVICE AND ADDRESS (The SEARCH OF PURPLE AND AUMENT 12 WAS DECEDENT OF RESEARCH ORGANIST (THE AURTHAL STRUE) 1. New Horitor 2 Married 1 Was DECEDENT EVER IN U.S. ARMED STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST OF SERVICE AUGUST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (THE AURTHAL STRUE) STATE OF SEARCH ORGANIST (TH		Washington Coun					EATH	110	
237 East Avenue 21740 21740 11. MARTIAL STATUS 11. MARTIAL STATUS 12. MAS DECEDENT EVERN U.S. ARMED 13. MAS DECEDENT (Specify Was or No. 14. MARCE. Assertance 11. MARTIAL STATUS 12. MAS DECEDENT SERVING (See MAIL OR DECEDENT EVERN U.S. ARMED 13. MAS DECEDENT (Specify Was or No. 14. MARCE. Assertance 14. MARCE ASSERTANCE 16. MARCE ASSERTANCE 17. MARCE ASSERTANCE 18. MATCHER'S RAME (First Misself Controlled) 18. MARCE ASSERTANCE 18. MATCHER'S RAME (First Misself Controlled) 18. MARCE ASSERTANCE 18. MATCHER'S RAME (First Misself Controlled) 18. MARCE ASSERTANCE 18. MA		Maryland		10c. CIT					10d, INSIDE CI LIMITS? 1 X YES 2 [
1	VERAL	The second secon	e		10				
College (1) 4 or 5 1) Coll	B∕	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	pecify Cuben, Maxic	an, Puerto Rican, atc.)	8	Block, White, etc.
HATTY George Rinehart 15a, NPFORMANTS NAME (Pyporhist) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, NPFORMANTS NAME (Pyporhist) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay or Town, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number, Cay, State, 20 Code) 15b, MAILHIG ADDRESS (Street and Number or Paral Route Number, Cay, State, 20 Code, 20	PLETED	(Specify only highest gra	de completed)	(Give kind of life. Do NOT us	work done during ma se retired.)	ON ost of working	16b. KIND OF BU	USINESS/INOUSTR	Υ
The information is a possible of the properties	1	17. FATHER'S NAME (First, Middle, Last)	George Rine		maker	18. MOTHER'S NA			
206_METHOD OF DISPOSITION 206_METHOD OF DISPOSITION Removel from State 206_PLACE AND DATE OF DISPOSITION Manual 206_PLACE AND DATE OF DISPOSITION Removel 206_PLACE AND DATE OF DATE OF DATE OF		19s. INFORMANT'S NAME (Type/Print)		19b. MAILING			Route Number, City or Tox	wn, State, Zip Code))
22. NAME AND ADDRESS OF FACILITY MINISCH FUNETAL Home 415 E. Wilson Blvd., Hagerstown, MD 2 23. PART I. Enter the diseasea, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory errest, interve of the control o	200	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	206	PLACE AND DATE	OF DISPOSITION (N	ame of	OATE 20c. L	OCATION — City or	r Town, Sfata
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPS PERFORMED 1	CKAMIIIET	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		22. NAME A	ND ADDRESS OF FA	Minni Minni	ch Funer	al Home
Sequentielly list conditions, if any, leading to immediate CAUSE (Disease or injury that infliteded events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O		IMMEDIATE CAUSE (Final disease or condition	s. Clar Only one ceuse on e	ecn line.					Approxi interval Onset a
AMILABLE PRISON OF DEATH? YES 2 MO	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	G						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		PART II. Other aignificant condition PNEUM	ons contributing to death b	ut not resulting i	in the underlyin	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
27. MANNER OF DEATH Netural 5 Pending Investigation 28s. DATE OF INJURY 29b. TIME OF INJURY 1 YES 2 NO Notice	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VS 20 AND CONTROL OTHER:							
3 Suicida 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(a) and menner as attated. 29b. Signature Ano Title OF Certifier 29c. LICENSE NUMBER 29d. DATE SigneD (Month, Day, Ye 29d. DATE SigneD (Mont	-1 T #	Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF JURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 TO YES 2 NO)
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the firme, data and place, and due to the cause(e) and menner as attated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the firme, data and place, and due to the cause(e) and menner as attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye			28s. PLACE OF INJURY	— Af home, farm, a	street, factory, offic		28f. LOCATION (Street City or Town, State	and Number or Run	
296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye) 1 4/92	TED BY	4 Homicide determined	building, atc. (Spec						al Route Number,
	MPLETED BY	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY:	SICIAN: To the best of my knowl	edge, death occurre					

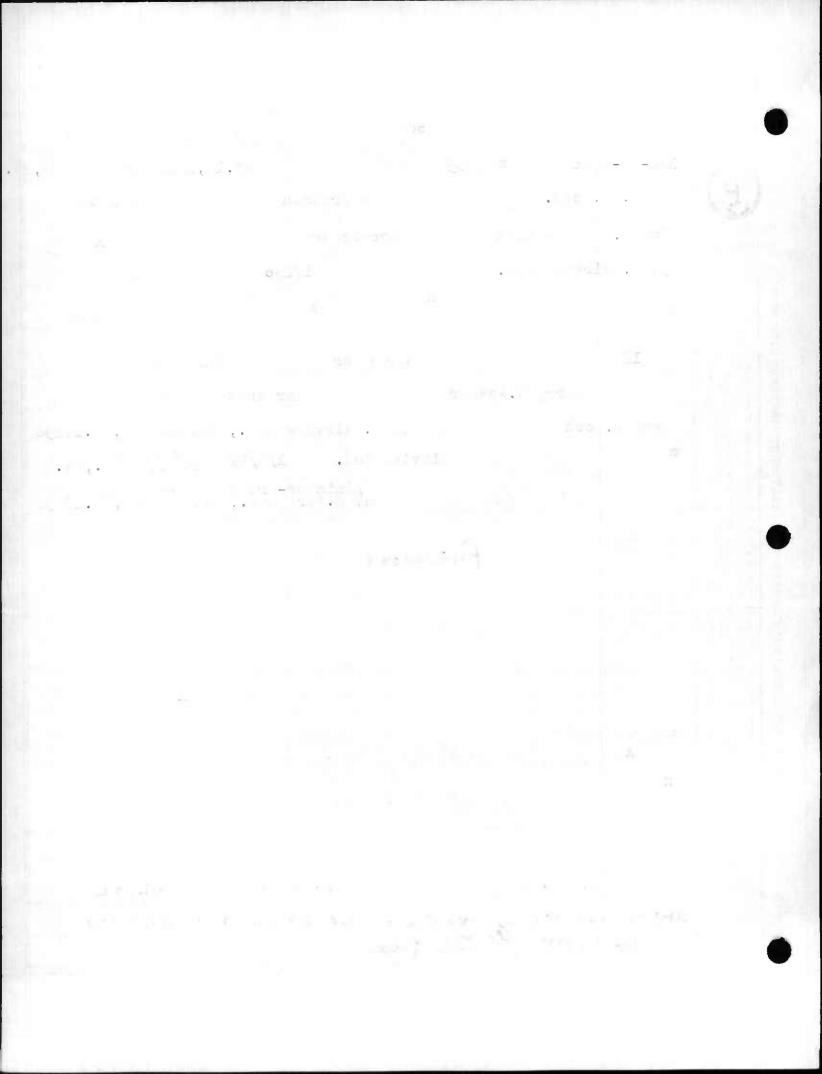
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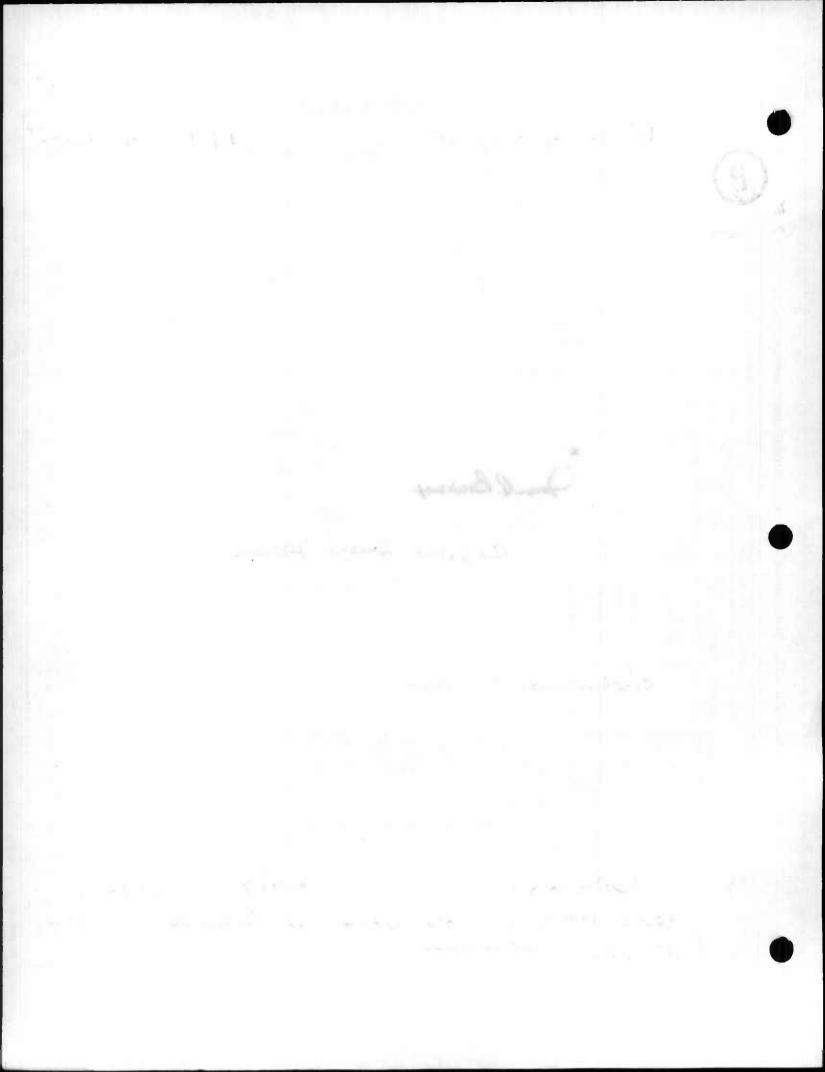
Bedween State

Assert Assertion

			Mary .	Jane Ho	ch		•		2. DATE	OF DEATH	Y	YEAR 3.	TIME OF DEAT
	4. SOCIAL SECURITY NUM	1860	5. SEX						1	3	9	2	09:20
	162-22-6		1 M 2 X F	6. AGE (In yrs. lest	YRS.	MONTHS 1	DAYS HOU	NDER 24 HRS. RS MIN.	7. DATE (Mon	of BIRTH	26 N	Country)	ACE (State or Fo
1	90. FACILITY NAME (If not	institution, give			-	9b. CITY, T	OWN OR LO	CATION OF D		10,1		TY OF DEAT	
6	Wash. Co		•			Hag	erst	own			Was	hin	gton
REC	10e. STATE	10b. COUNT				Y, TOWN OR						10	d. INSIDE CITY
- DIRE	Penna.		anklin		Me	rcer	sburg	5				1	LIMITS?
FUNERAL	10. STREET AND NUMBER	i.	w Ave.				10f. ZIP	723 6			10g. CITIZE		T COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. ARM	MED	13. W	AS DECENDE	NT OF HISPA	NIC ORIGI	17 (Specify Yea			American Indi-
BYF	1 Never Merried 2 3 X.Widowed 4 Div		IF YES, GIVE WA	YES 2 NO.	0	H y	YES 2 X	Suben, Mexica	n, Puerto	Ricen, etc.)		Specify:	niie, elc.
03	15. DE	CEDENT'S ED	UCATION	16e. DEC	EDENT'S	USUAL OCC	UPATION		161	. KIND OF BUS	INESS/INDU		17.00
H	Elementery/Secondary (nly highest grad (0-12)	College (1-4 or 5+)				ring most of w	orking				0,,,,	
COMPL	17. FATHER'S NAME (First, A	Middle day			Hom	emak				Own H			
	FAIRED & NAME (F//3), A		ry G. Yea	ger	18. MOTHER'S NAME (First								
TO BE	THE INFORMANT'S NAME (Type/Frint)						nber or Rural	Route Num	ber, City or Town	, State, Zip C		
-	Gary L.				34	W.F	airvi	ew A	VW.	Merce	rsbu	rg, F	a.172
	1 Denation 5 □ Other	ion 3 Reg	noval from State	20b. PLACEAL				1/	6/92	E 20c. LOC	cers nkli	burg	State
	21. SIGNATURE OF FUNERA		CENSEE)	-	22. NA	ME AND AD	DRESS OF FA	CHITY				
	· -/	th	· Lin	me,		11.7°	ning N. Pa	er-F	ries	Fune Merce	ral	Home	17
	resulting in death)		DUE TO #	OR AS A CONSECU	MU								1
TIFICATION	Sequantistly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	ediate rING ury	b	DR AS A CONSEOU	UENCE O	7:							
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuithst initiated eventa resulting in death) LAS	odlate YING ury	b	DR AS A CONSEOU	UENCE OI	7):							
CAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa	odlate YING ury	b	DR AS A CONSEOU	UENCE OI	7):	erlying caus	se given in	Part I.	24e. WAS AN A PERFORE 1 ☐ YES 23	MED?	CO DF	MPLETION OF OBATH?
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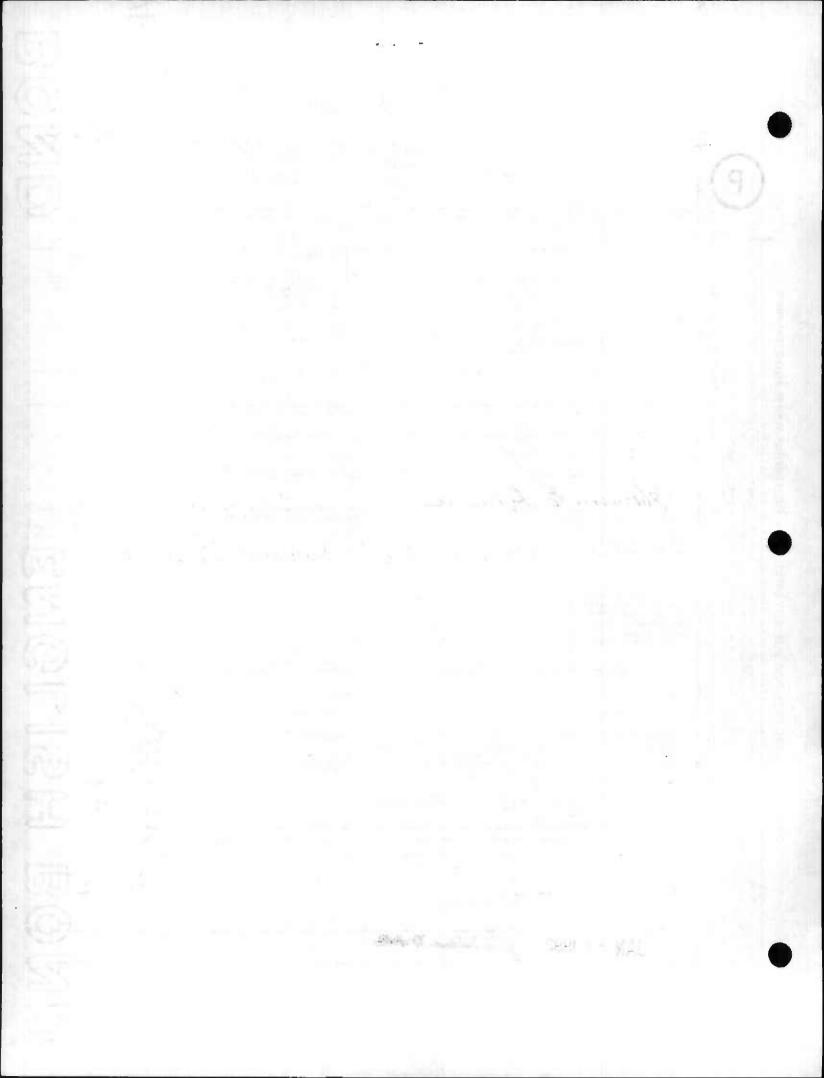
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10a, ST	DENCE OF DE	10b. COUN	TY		10c. CIT	ry, town (OR LOCAT	ION						d. INSIDE CIT
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11. MAF	ITAL STATUS		12. WAS DECEDEN FORCES? 1	TEVER IN U.	S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	C ORIGIN? (S	pecify Yes o	r No-	14. RACE —	American Ind
N 11	dowed 4 Div		IF YES, GIVE V	MAR OR DATE	ES				Specify.		1, 416.)		Specify:	
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	ER'S NAME (First,)					-		18. MOTE		E (First, Middle	e, Maiden So	umame)		
w R	chard L		son							allie .				
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NO Seque that in resulting	disease or condition resulting in death) a													
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	CASE REFERRED 1	O MEOICAL	HOSPITAL:			OTHER		ACE OF O	EATH (Chec	k only one)				
S 1	YES 2 NO		1 1 Inpatient 2		ent 3 🗆 DOA	OTHER 4 Num		5 🗆 Re	sidenca 8	Other (Spe	ecify)			
1 150	Netural 5	Pending	28e. OATE OF (Month, D.	injury ay, Year)	28b. TIM	IURY	28c. INJU WOF	RK?		28d. OESCRIE	E HOW INJ	URY OCCU	IRED	
8 2 0	Accident	Investigation	28e PLACE O	E IN ILIPY _	At home, farm,	M dest		ES 2 [1111					
	Homicide 6	Could not be determined	building,	etc. (Specify)	At HOMB, IMITI,	etreet, ract	ory, omea			28f. LOCATION City or Tov	vn, State)	l Number o	r Rural Route	Number,
29e. CEI	TIFIER 1 TH CER	TIFYING PHYS	RICIAN: To the heet of	me koonilida				100						
WOOD 299e. CER			ER: On the best of											d manner es
29b. SIG	NATURE AND TITLE					,	T		NSE NUME					
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0	AND AGORESS O	F PERSON WI	HO COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type,	Print)				. /		1	-	



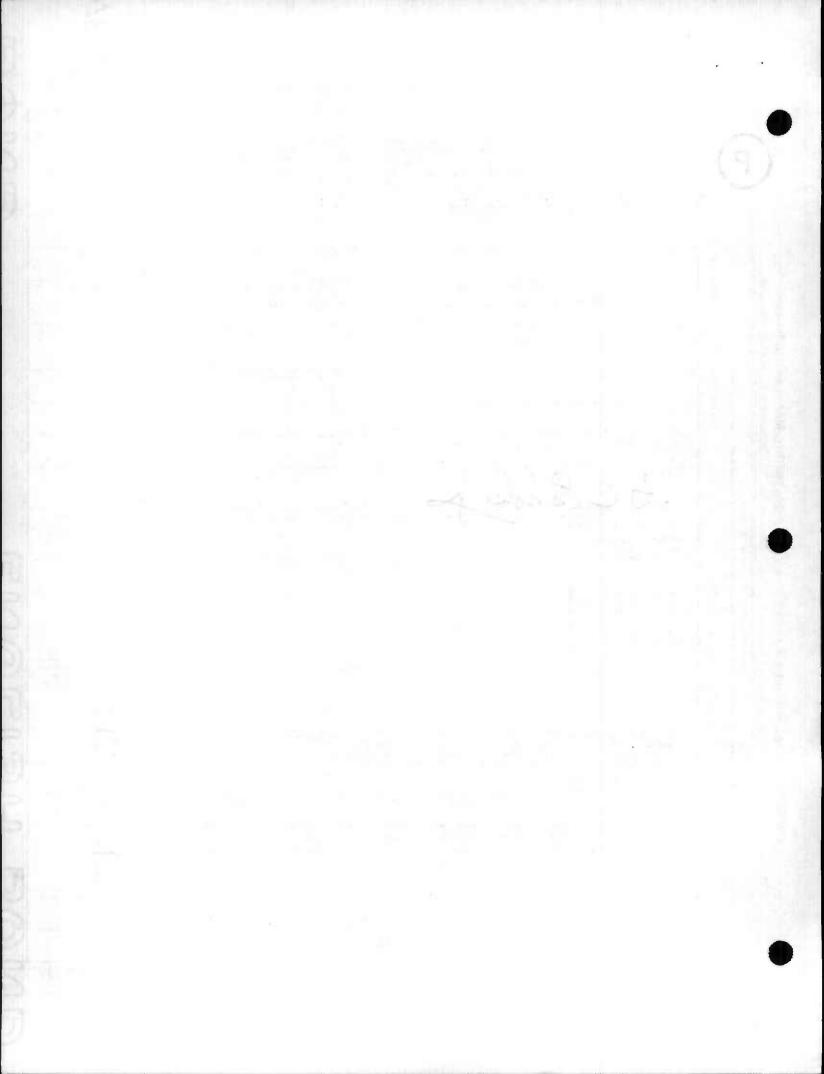
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RDS, P.O. BOX 68760,	nat the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	s by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the and Mental hygiene prior to burial, cremation, or removal.
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92 00683
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME	Name of the last o					2. DATE	OF DEATH	AY Y	/EAR	3. TIME OF DEATH
	Mar		ly Johns					ary 1	1992		10:30
	4. SOCIAL SECURITY 093-07-	-5864 A	1 🗆 M 2 🔀 F	AGE (In yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	June	of BIRTH h, Day, Year) 23,	1914	New	York
	9n. FACILITY NAME (#					or Location of D ichaels	EATH		9c. COUNTY		ATH
5	24047 RESIDENCE OF 10e. STATE	DECEDENT 10b. COUN		10c. CI	ITY, TOWN OR LOC						10d. INSIDE CITY
	New Jersey		ergen	c		l, New Je	rsey			_	1 X YES 2 1
FUNERAL	10e. STREET AND NUM		nestnut St.		1	07626			USA		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 3 Widowed 4	2 Merried	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO	If yes, a	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	NIC ORIGII en, Puerto	i? (Specify Ye Rican, etc.)	a or No — 14	I. RACE Black, Specify	- American Indie , White, atc. y: asian
		i. DECEDENT'S ED		(Give kind o	S USUAL OCCUPAT	TION most of working	166	. KIND OF BU	ISINESS/INDUS		asian
PLET	Elementary/Second		College (1-4 or 5+)	HOm	emaker			-====	:		
COMPL	17. FATHER'S NAME (F	irst, Middle, Lest)				18. MOTHER'S N	1.00				
BE	190, INFORMANT'S NA	Joseph N MME (Type/Print)	arsden	19b. MAILIN	G ADDRESS (Stree	Margar				ode)	
2		s E. Joh	nston			e, Malvar		Harris and the	19355		
	20e. METHOD OF DISI 1 Buriel 2 CCre 4 Donation 5 D	mation 3 🗆 Re	moval from State	20b. PLACE ANO DA of cemetary, cremato		ON (Name	OAT	E 20c. LC	OCATION Cit	ty or Tow	wn, Stata
		the diseases, D. or heert fellure	E Levice or complications that can be a clist only one cause	on eech line.	Hari 312		Leon t St	diac or resp	piratory arres	st,	Approxim interval B
TIFICATION	23. PART I. Enter to shock, IMMEDIATE CAUSI disease or condition resulting in death) Sequentially list or if eny, leeding to it cause. Enter UNDI CAUSE (Disease or that initiated even	conditions, immediate ERLYING or Injury ts	e. Autorione to consecutive to complication to the case. List only one cause of the case. Due to consecutive to		Harri 312 not enter tha n OF):	rison E. S. Talbo node of dying, su	Leon t St	diac or resp	piratory arres	st,	Approximinterval B
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· 00-105	1. DECEDENT'S NAME (First, Middle, Le				CATE OF			ATE OF DEATH		YEAR 3	3. TIME OF DEA
	Magdalen e	Bailey			J	ameson	- ~	nuary 1	, 1992		9:35
)	4. SOCIAL SECURITY NUMBER 220-32-5534	5. SEX	6. AGE (In yrs. less		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	03	10712 Pay. 1647 9	06	Mary	lace (State or Fe
~	9a. FACILITY NAME (If not institution, gr			4		OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	ATH
D.	Physicians Me	morial Hos	spital		La Pla	ata			Cha	arles	5
DIRECTOR	Maryland Ch				town or local ite P1						IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1.0			10	1. ZIP CODE					IAT COUNTRY?
FUNERAL	Route 2 , Bo		NT EVER IN U.S. ARI	WED	12 WEE DE	20695	ANIC OF	IGIN? (Specify Yes	U.S.		Amadana tedi
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 ☐ YES 2 XN WAR OR DATES	10	If yes, sp	pecity Cuban, Mex	ican, Pu		or No-	Black, Specify:	- American Indi White, atc. Whit
9	15. DECEDENT'S (Specify only highest g		16a. DE	CEDENT'S US	SUAL OCCUPATION done during more retired.)	ON ost of working		16b, KIND OF BUS	SINESS/INDU	STRY	
LEI.	Elementary/Secondary (0-12)	College (1-4 or 8	+)	omema				At H	ome		
COMPLET	17. FATHER'S NAME (First, Middle, Last))	111	Omenic	anci	16. MOTHER'S	NAME (F	rst, Middle, Meiden			
ш	Benjamin	Bailey				Emm		Johnso			
TO B	19e. INFORMANT'S NAME (Type/Print)							Number, City or Town			2605
F	Robert A. Jan							e Plai			
	20e, METHOD OF DISPOSITION X1 X Burlel 2 Cremetion 3 1 1 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE	AND DATE O	of Disposition	(Name 'emeter	·v1	4/92 P	CATION - CI	Toha	n, State
	21. SIGNATURE OF FUNERAL SERVICE	s-chiensey /	1	Igna							1000 ,1
	100	E U.L.) h					L HOME			16/16
	disesse or condition resulting in deeth)	S. DUE TO	O (OR AS A CONSE	QUENCE OF):	n de	mt f	2~				10
IFICATION		b	O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	OUENCE OF):		mt f	~~				10
ERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	O (OR AS A CONSEC	OUENCE OF):		mt f	~~				
MEDICAL CE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	D (OR AS A CONSEC	OUENCE OF):	:	ng ceuse given	in Part	I. 24a. WAS AN PERFOR	RMED?		WERE AUTOPSY I MANILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
MEDICAL CE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	b. DUE TO c. DUE TO d	D (OR AS A CONSEC	OUENCE OF):	the underlyin	ng ceuse given		PERFOR	RMED?		WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d	D (OR AS A CONSEC	OUENCE OF):	the underlyin		(Check or	PERFOR	RMED?		WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d	D (OR AS A CONSECTION OF CONSE	OUENCE OF):	26. P OTHER: 4 Nursing Hor OF 28c. IN W	PLACE OF DEATH	(Check or	PERFOR	RMED?		WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions. 125. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d	O (OR AS A CONSECTION OF INJURY)	OUENCE OF): OUENCE OF): resulting in	26. P OTHER: 4 Nursing Hor WY M 1	PLACE OF DEATH THE 5 Resident JURY AT ORKY YES 2 NO	(Check or	PERFOR 1 YES 2 why one) Other (Specify)	RMED? INJURY OCCU	URED	WERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
MPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent conditions in was case Refered to Medica Examiner? 1 Yes 2 No 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Natural 5 Pending Investiget 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only 1 CERTIFYING P	b. DUE TO c. DUE TO d	O (OR AS A CONSECT O (OR AS A CO	DUENCE OF): DUENCE OF): resulting in 29b. Time INJU	26. P OTHER: 4 Nursing Hor OF 28c. IN M 1 rest, factory, offi	PLACE OF DEATH THE 5 Resident JURY AT ORKY YES 2 NO Ice	(Check of Check ERFOR 1 YES 2 Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State)	RMED? INJURY OCCU	URED or Rural Ro	WERE AUTOPSY I MANILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Durit Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent conditions in was case Refered to Medica Examiner? 1 Yes 2 No 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Natural 5 Pending Investiget 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only 1 CERTIFYING P	b. DUE TO c. DUE TO d	O (OR AS A CONSECT O (OR AS A CO	DUENCE OF): DUENCE OF): resulting in 29b. Time INJU	26. P OTHER: 4 Nursing Hor OF 28c. IN M 1 rest, factory, offi	PLACE OF DEATH THE 5 Resident JURY AT ORKY YES 2 NO Ice	Check of Che	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State)	RMEO? INJURY OCCU and Number of	URED Or Rural Ro d.	WERE AUTOPSY I MANILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Durit Number,
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions and investigations are successful to the conditions are successful to	b. DUE TO c. DUE TO d	D (OR AS A CONSECT OF INJURY At hog, etc. (Specify) Of my knowledge, days of the consecution and/or.	DUENCE OF): DUENCE OF): resulting in 28b. Time INJU Dome, farm, str letveatigation	26. P OTHER: 4 Nursing Hor OF 28c. IN The state of the	PLACE OF DEATH THE 5 Resident JURY AT ORK? YES 2 NO THE NO	(Check or company) 286 286 286 400 400 400 400 400 400 400 4	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State) e cause(e) end mai	INJURY OCCU	URED or Rural Ro d. cause(e)	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 oute Number, and manner ea

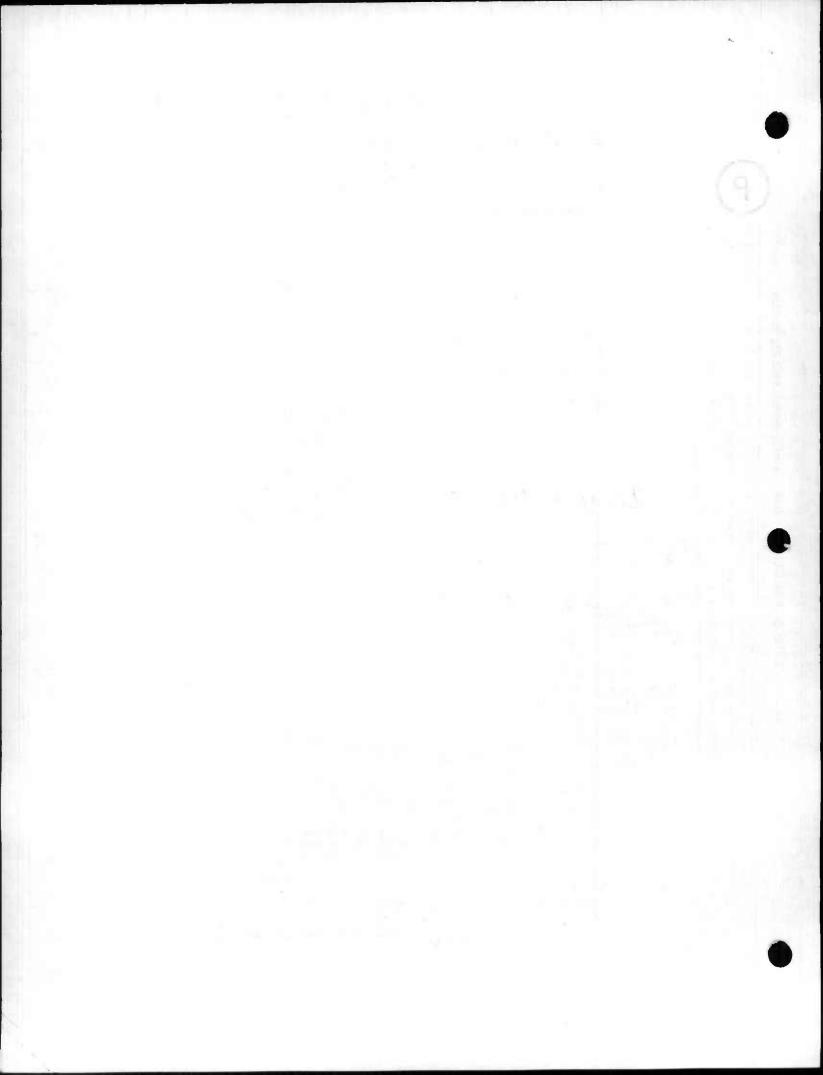


TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

KHALID AN 31. DATE FILED (MODITE DON, YOUR) JAN 3 92

Jula Davidson Manage

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPA CERTIF	RTMEN	NT OF H	EALTH AND DEATH	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	B Je	nki	ns			2. DATE MONT	OF DEATH	AY C	YEAR 2	3. TIME OF DEATH 7 1 0 0 q M
	218-38-4576	1 □ M 2 X F 80	rs. lest birthday) YRS.	IF UND MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monto	OF BIRTH h, Day, Year) 11-11		8. BIRTH Count	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre Baltimore County RESIDENCE OF DECEDENT		oital			llstown	DEATH		Ba.	ITY OF D	
DIRECTOR		oll County	10c. Cr		or LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6530 Mellor Road				101	21784			- 16	S.A	WHAT COUNTRY?
ΒY	11. MARITAL STATUS 1 Never Married 2 Married MUDIVARIAN HIGH MARRIED	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13	3. WAS DEC	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	an, Puerto I	I? (Specify Yea Ricen, etc.)		14. RACE	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION 16/20 1	Give kind of life. Do NOT u	work done ise retired.	e during mo: .)	N st of working	16b	KIND OF BUS			White
	17. FATNER'S NAME (First, Middle, Lest) Wesley C. Me	adar ra	TIONE	TILONE	ar.	18. MOTNER'S NA		Middle, Malden			
TO BE	19e. INFORMANT'S NAME (Type/Print)	auows				nd Number or Rural	Route Numb		n, Stete, Zip	Code)	
	Mr. Buddy Jenkins	20b. PL/	CEANDDATE	OF DISPO	OSITION /Na	Road Sy	kesv.		MD 21		wn State
	t (X Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	cemeter OI	d Oaki	and	Ceme	tery	1/6				e, MD
	· Brian L	. Haight			Haig! Syke:	nt Funer sville,	al Ho	1784 (410)-	795-	195) -1400
	23. PART I. Enter the disease, or co shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplicatione that caused the st only one cause on each	iine.	not ente	er the mod	de of dying, suc	ch as card	liac or respi	ratory erre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	QUE TO (OR AS A COL									
CAL	PART II. Other significent conditione O Renal Insuf O Heart Pailu	7	ot reaulting	In the u	inderlying	ceuse given in	Part I.	24s. WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				ACE OF DEATH (Ch	eck only one	9)			
HYS		☐ Inpetient 2 ☐ ER/Outpetien 26e. DATE OF INJURY	t 3 DOA			5 🗆 Rasidenca		(Specify)	IIIIBY OCC	IBED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY M	1 V	RK?	aud. DES	CAIGE NOW IN		UNED	
	3 Suicide 6 Could not be 4 Nomicide datarmined	26a. PLACE OF INJURY — A building, etc. (Specify)	t home, term,	street, fac	ctory, offica		28t, LOCA City o	ATION (Street as or Town, State)	nd Number o	or Rural Fi	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowledge On the basis of examination and	o, death occum	ed at the on, in my	time, date a	and place, end due	time, data	se(s) end mani and place, and	ner ea state	d. cause(a)	end manner as stated.
O BE	296. SIGNATURE AND TITLE OF CENTIFIER	8				29c. LICENSE NUN	WBER SS Z		29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C KHALID ALTAL 31. DATE FILED (1901) Day, Year)	13, Bulton	de (Print)	nty	Gene	hal	Mos	pited)	
1	The state (red bay, rear)	. 32. REGISTRAR'S SIGNATUR	100 P		-				4		



	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle Clifford Cha					2. DATE OF OEATH	DAY	3. TIME OF OEATI
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)				9	2 17:30
1	214-09-7015 90. FACILITY NAME (If not institution	1 🕅 M 2 🗆 F	76 YRS.	MONTHS DAY	8 HOURS MIN.	June 25,	1915	BIRTHPLACE (State or For
6	Washington Co				N OR LOCATION OF D S town	EATN		y of DEATH Shington
OIREC	10a. STATE 10b.	county ashington		iths bw				10d. INSIDE CITY
	10e. STREET AND NUMBER	. P.O. Box 164			101, ZIP CODE 21783		10g. CITIZE	1 XYES 2 1
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	If yes,				I. RACE — American Indian Black, White, etc. Specify: White
COMPLETED		"S EDUCATION st grade completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	ATION most of working	166. KIND OF BU	uare	STRY
	17. FATNER'S NAME (First, Middle, L Arthur E. Ken	•			18. MOTHER'S NA Maude	ME (First, Middle, Maider E. Webb	Sumame)	
TO BE	Judith K. O'N		19b. MAILING 700 R	ADDRESS (Street	od Dr. Ha	Route Number, City or Tox Lgerstown, 1	vn. State, Zip C	740
	30s METHOD OF DISPOSITION 1 X Burlat 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Diger (Special		SILL CHESTOWE			0ATE 20c. LC	cation — ch	y or Town, State
	21. SIMMATURE OF FUNENAL SEM)).	22. NAME Davi	AND ADDRESS OF FA			21783
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	7_	Enden Fi:		mark		Interval Bo
MEDICAL	PART II. Other significant con	Additions contributing to death	but not resulting	in the underly	ing cause given in	Part i. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FII AWAILABLE PRIOR COMPLETION OF C DF DEATH? 1 YES 2 N
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)		
> 1	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/O		4 - Nursing H	ome 5 - Reeldencs			
BY PI	1 Natural 5 Pendin 2 Accident Investig	pation	r) INJ	M 1	NJURY AT WORK? YES 2 NO	26d. DEŞÇRIBE HOW	NJURY OCCUP	RED
ETED	3 Suicide 6 Could determ		RY — At home, ferm, a pecify)	etreet, factory, of	fice	26f. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL ED	PHYSICIAN: To the best of my knot CAMINER: On the bests of examinat	owledge, death occum tion end/or investigation	ed at the time, d	nte and place, end due	to the cause(s) end me	nner es stated.	euse(e) and menner se st
BE	296. SIGNATURE AND TITLE OF CE	RTIFIER	12		29c. LICENSE NUN			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS	- //	DEATH (ITEM 27) (Type,	~	100 7	2 11	, .	1.0
3	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	GNATURE	000 X	248	Som this 1.	ing b	Well 2/283
	JAN 03 199	Julio Danida	Render					

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	EHITIC	AIE O	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) W. Ke	ese				2. DATE OF C	DEATH DAY	YEAR 92	3. TIME OF DEATH 10:33 A M
\	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 X F	6. AGE (In yrs. les	YRS. MO	UNDER 1 YEAR			405	MA1	RYLAND
g)	9a. FACILITY NAME (If not institution, give atreet and number)	artel 99	01 /	MKA.	OR LOCATION OF DE	ku/k/K	2852 M	onty of D	onely
DIREC	Ma. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
윽	MONTGOMERY MONTGOMERY	7	CA		SBERG		1		1 YES 2 NO
FUNERAL	301 Russell St.				2.0.7.6.0		10g. Cf	USA	VHAT COUNTRY?
BY FUI	1 Never Married 2 Married FORCES?	THE EVER IN U.S. AR 1 YES 2 A I WAR OR DATES	RMED NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify	n, Puarto Ricar		Black	E — American Indian, c, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		CEDENT'S USI			16b. KIN	D OF BUSINESS/IP	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	5 +) //fe	CEACHI	tired.)	not of working	PI	JBLIC S	CHO	LS
2	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	MF (First Middl	e, Maiden Surname)		
BE CC	EBER WEINLAND					ELVIA			
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AD	DRESS (Street	t and Number or Rural I	Route Number, C	City or Town, State, 2	Zip Code)	
2	GEORGE W, SCHORR]	L436 V	VESTW	AY, ARNO	OLD, 1	(D 210	12	
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Densiting 5 Other (Specify)		OF DISPOSITION OF DISPOSITION		TERY.		20c. LOCATION -		
	21. SIGNATURE OF FEMILIAL SERVICE LICENSES	7			AND ADDRESS OF FA	CILITY			- ,
	Jeffay S. Tayl	n		TAYI	OR FUNE	RAL CI	HAPEL, A	NNAI	POLIS,MD
	resulting in death)	ause on each line	A		e Cerel				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSE	OUENCE OF):						
ERTIFI	that initiated events resulting in death) LAST	O (OR AS A CONSE	OUENCE OF):						
	PART ii. Other significant conditions contributing	tp desth but not	resulting in 1	he underly	Ing csuse given in	Part I. 24	n. WAS AN AUTOPS	Y 24t	. WERE AUTOPSY FINDINGS
MEDICAL							PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL:	ER/Outpatient		THER:	PLACE OF OEATH (Ch		and the		
448	27. MANNER OF DEATH 28a. DATE		28b. TIME C		ome 5 Rasidence		BE HOW INJURY O	CCURFD	
BY PI	Natural 5 Pending 2 Accident Investigation	, Day, Year)	INJUR		WORK?	OWNER OF THE	-7.17 -4.27 -4.17		
	3 Suicida 28a. PLACE	OF INJURY — At hing, atc. (Specify)	oma, farm, atre	et, factory, o	fica		ON (Street and Numbown, State)	ber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of the best								a) and manner as Maleil.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MARIN	uh		29c. LICENSE NU	MBER 2.00	29d. D	ATE SIGNES	(More for for)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITE	EM 27) 1999	Ma	dical D	_ D	et //	M	5
	31. DATE FUEN Min Do 300 1992 Jan 1992	Prid Spaniform	1006	110	UICAI VI	110	C K U///6	-,//	

1 -	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTI		TAL HYGIENE REG. NO.	
1.	OECEDENT'S NAME (First, Middle, Last) Hal James Ker			KERN		ATE OF DEATH DATH DAY	9YEAR 4 4 4
1	social security number 487–42–1037	1 🖾 M 2 🗆 F	51 yps M	IF UNDER 1 YEAR IF UNDO ONTHS DAYS HOURS 4 8	MIN. AL	ATE OF BIRTH Horth, Day Year, 1940	8. BHRTHPLACE (State or Foreign Country) MISSOURI
6	a FACILITY NAME (If not institution, give Carroll County C		9	Westmin		9c. CO	UNTY OF OEATH Carroll
10	n. STATE 10b. COUN	Carroll	10c. CITY,	TOWN OR LOCATION Mt . A:	irv		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	5525 Davis Road			101. ZIP CO	-	10g. CI	TIZEN OF WHAT COUNTRY? U.S.A.
I 1	. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	13. WAS DECENOENT If yes, specify Cult 1 YES 2 7 NO	on, Maxican, Pua	IGIN? (Specify Yes or No— rto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: White
17.	15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12) 12 yrs.	UCATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	nsurance Special	list		Curity nistration
y _	FATHER'S NAME (First, Middle, Last) Hal James Kenne	y, Jr.		Vi	olet Tu		
2 19	a. INFORMANT'S NAME (Typo/Print) Carol A. Kenney	-				fumber, City or Town, State, Z Y, Maryland	
41	a. METHOD OF DISPOSITION □ Burlal 2 □ Cremation 3 □ Res □ Denetion 5 □ Other (Specify) SIGNATURE OF FUNERAL SETTICE L	N N		DISPOSITION (Name of Coloco) Competery 22. NAME AND ADDR BURRIER Winsiel	ESS OF FACILITY Funeral	4/q ₂ Carroll	Co., Maryland
dire six ci di	equentially list conditions, any, leading to immediate susse. Enter UNDERLYING AUSE (Disease or Injury lat initiated events esulting in death) LAST		A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	c Curd	dbsei	dov Vise	Onset and Dea
Pi	ART II. Other significant condition	ns contributing to death	but not resulting in	the underlying cause	given in Part I	244. WAS AN AUTOPSY PERFORMED? 1 YES 2	2Ab. WERE AUTOPSY PHIORICS AMALABLE PHIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 50
25.	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I	26. PLACE OF	DEATH (Check only	y one)	
25.	MANUER OF DEATH	1 C Impetient 2 C EN/Out 28a. DATE OF INJUNY	patient 3 DOA 4	Hursing Home 5 1 1		Nher (Specify) DESCRIBE HOW INJURY OF	CCUMED
	Natural 5 Pending Investigation	(Month, Day, Year)	Y — At home, farm, stre	M 1 YES 2			
	Surcide	building, etc. (Sp.	HONY)	et, rectory, ornce	201. 0	OCATION (Street and Numbe Sty or Town, State)	ir or Hund House Mumber,
298	DIONATURE AND TITLE OF CENTIFIE	War.	on and/or investigation.	in my opinion, death acc			the cause(s) and manner as stated. TE SIGNATURE THORES, One. Year)
D	or. Richard A. Jo	ones, Carro			spital,	Westminste	r, Maryland
31.	AN FILED Aronal Day War	Gi lan nebitakinkina uni	ALLONE				

M. M. Commission of the Commis 2092 al

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT OF	HEALTH AND		VE 3V		00689
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIF	ICATE OF	DEATH	REG. NO).		TIME OF DEATH
	HAZEL GRACE	KITTLE				January S	3, 199	YEAR 2	3:00
٧,	4. SOCIAL SECURITY NUMBER 233-52-3370	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 3/14/1898		BIRTHPL Country) HARD	ACE (State or Foreign PING, W.V
-	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF		9c. COUNT		
10	Garrett County M	emorial Hosp	ital	0aklar	ıd		Garr	ett	
DIRECTOR	W. VA. 106. COUNTUCK		10c. CI	TY, TOWN OR LOC HOMAS,	ATION	· · · · · · · · · · · · · · · · · · ·			INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZE		AT COUNTRY?
	COURTLAND ACRES,				26292			S. A.	
	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DE It yes, a 1 — YE	S 2 NO Specific No.	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	e or No— 1	4. RACE — Black, V Specify I	American Indian, thite, etc.
COMPLEIED	15. DECEDENT'S ED (Specity only highest grad		18a. DECEDENT'S	S USUAL OCCUPAT	TION	16b, KIND OF BU	ISINESS/INDU		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. DO NOT E	ise retired.)	rost or working				
	12th 17. FATHER'S NAME (First, Middle, Last)		POSTM	ISTRESS	I	U.S. P		SERV	ICE
ŭ	WILLIAM SKIDMO	RF				IAME (First, Middle, Meider IDA (BOSERM		ากผก	DE
	19a. INFORMANT'S NAME (Type/Print)	N.C.	19b. MAILING	G ADDRESS (Street		I Route Number, City or Tox			NL .
2	KANDACE MICHAEL					CINS, W.VA.			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	moval from State 20	b. PLACE AND DATE	OF DISPOSITION (A	Name of		OCATION — CI		
1	4 ☐ Donation S ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SEBVICE L	ICENSEE)	KAUFMAN	CEMETERY	AND ADDRESS OF F	1/6/92 H	ARDING	, W.	VA.
	* (hend	Dunner	, 1	F. E. RUNN	IER FUNER	CAL HOME ELKINS,	W VA	262	41
	23. PART I. Enter the discoses, or	complications that cause List only one cause on a	d the death. Do	not enter the m	ode of dying, au	ch aa cerdlec or resp	Iratory arres	it, ·	Approximate
	IMMEDIATE CAUSE (Finel	. List only one cause on a	iach iine.						Onset and De
	disease or condition resulting in death)	. Hyperglyc	cemic no	on-keto	otic hy	perosmola	r cor	na	24 hor
			A CONSEQUENCE O	OF):					0 1
2	Sequentially list conditions, if any, leading to immediate	b. Dehydrati	V CONSEQUENCE O	OF):					2 days
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	<u>Diabetes</u>	Mellit:	is Type	∍ II				years
	thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):					
		d							
4	PART II. Other significent condition	ne contributing to deeth i	out not resulting	In the underlying	ng ceuse given in	Pert I. 24a, WAS AN			RE AUTOPSY FINDIN
MEDICA	sick sinus s					1 [YES 2		CO	MPLETION OF CAUS
	angina, demen				ulcer	s_ '		1 (YES 2 NO
THE STORY	methicillin :	resistant s	tapn a		PLACE OF DEATH (C	test set seel			/-
5	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:		8 Other (Specify)			
	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	NE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCU	RED	
	1 Natural 5 Pending Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, cify)	street, fectory, offi	ce	281. LOCATION (Street and City or Town, State)	and Number or	Rural Route	Number,
	294. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the heat of a large		mysical and its					
JMLLEI		BICIAN: To the best of my know ER: On the besis of exemination							d manner ac etet-d
22	29b. SIGNATURE AND TITLE OF CERTIFIE			· · · · · · · · · · · · · · · · · · ·	29c. LICENSE NU				
H	Margari	t aka	CAL		D2665		Zyd. DAIE S	/3 /	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	UO COMPLETED CAMPA	7 - 2						1 decrees

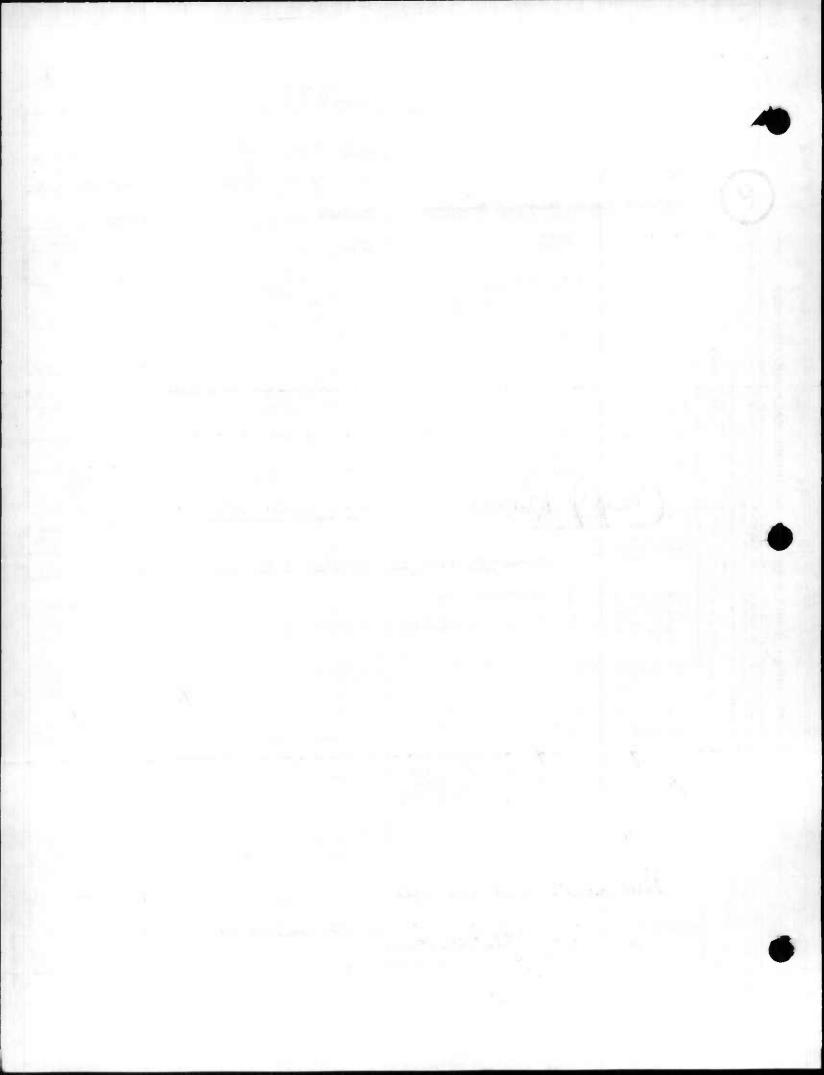
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Margaret A. Ka 31. DATE FILED (Month, Day, Year) JAN 14 1992

Kaiser, M.D. P.O. I

21550

P.O. Box 486 Oakland, MD



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Permit of the fune of the permit of
be filed within 72 hours after death with the State Dept, of Indaliti allo mental hypielle prior to be filed within 72 hours, or retinoval,
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

S. DEV AUJ

JAN 3 92

li.

Karl	Kemstedt				2. DATE OF DEATH	4 92 YE	3. TIME OF DEATH
	6. SEX 6. AGE (In 95	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Car, Vand.) 7		BIRTHPLACE (State or Foreign Country) Germany
9a. FACILITY NAME (If not institution, give stree Sykesville Elderca RESIDENCE OF DECEDENT				R LOCATION OF DE	ATH	9c. COUNTY Carro	of DEATH 11 County
10a. STATE 10b. COUNTY	oll County		y, town or local ykesvill				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6408 Oakland Mills	s Road		10	21784			of what country? .S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 200	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	n or No— 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us Wai	usual occupation work done during more retired.)	ON st of working	166. KIND OF BU	siness/indust	RY
17. FATHER'S NAME (First, Middle, Last) August Kemster	đt			18. MOTHER'S NA Min	ME (First, Middle, Maiden na Ohlend		
19a. INFORMANT'S NAME (Type/Print) Mr. Harry M. Kems	stedt				Poute Number, City or Tow Oad Sykesv		
20a, METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)			e of oisposition			ocation — city Sykesvi	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSER Brian &	03/	t		HAIGHT F ykesvill	CILITY		Box 195))-795-1400
23. PART I. Enter the diseases, or conshock, or heart failure. Lie immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE O	befis 87 rue				intarvai Between
PART II. Other algnificant conditions	contributing to death bu		in the underlyin	Dise	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
ferrense Permanen Congostrice	Herri	fau	eur S	ACE OF DEATH (C)	eck only one)	_	
1 YES 2 3-NO 1	HOSPITAL:		OTHER:		6 Other (Specify)	IN HIER OCCUP	DED.
EXAMINER?		28b. TIR IN	OTHER: 4 Norming Hor ME OF 28c. IN. JURY M 1	Ne 5 Residence		and Number or	

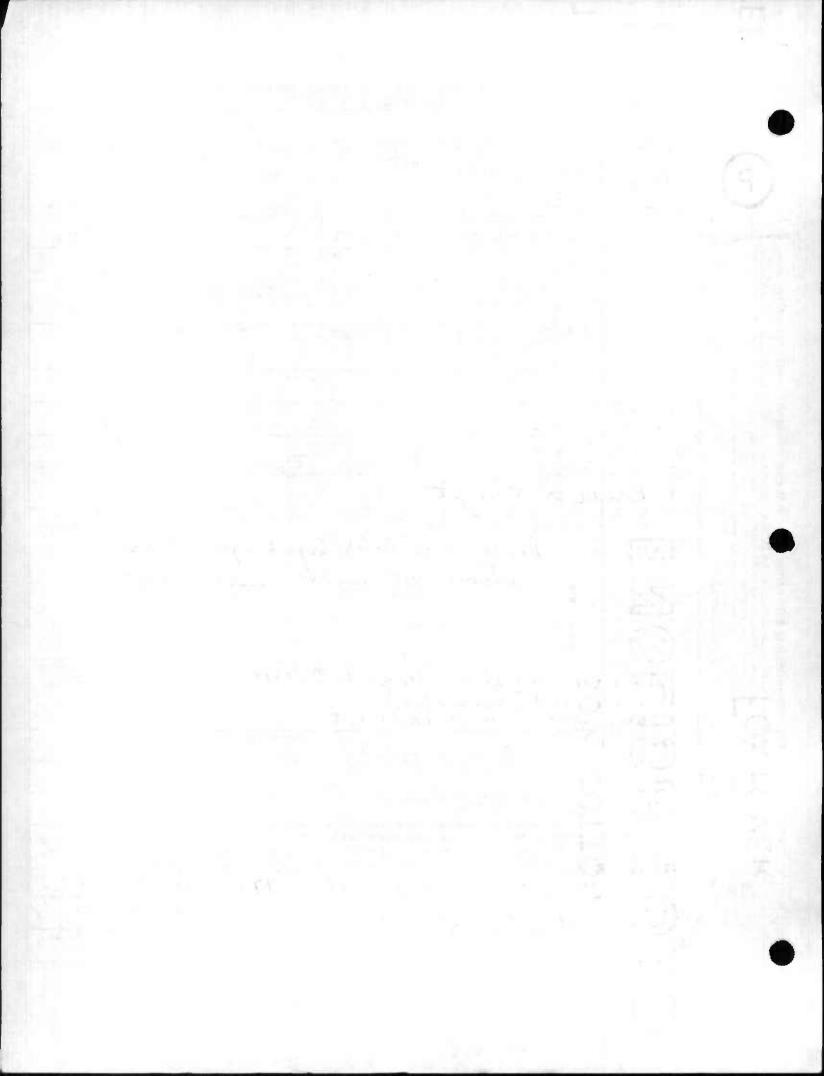
5400

32. REGISTRAR'S SIGNATURE

08

COURT

RAMDA

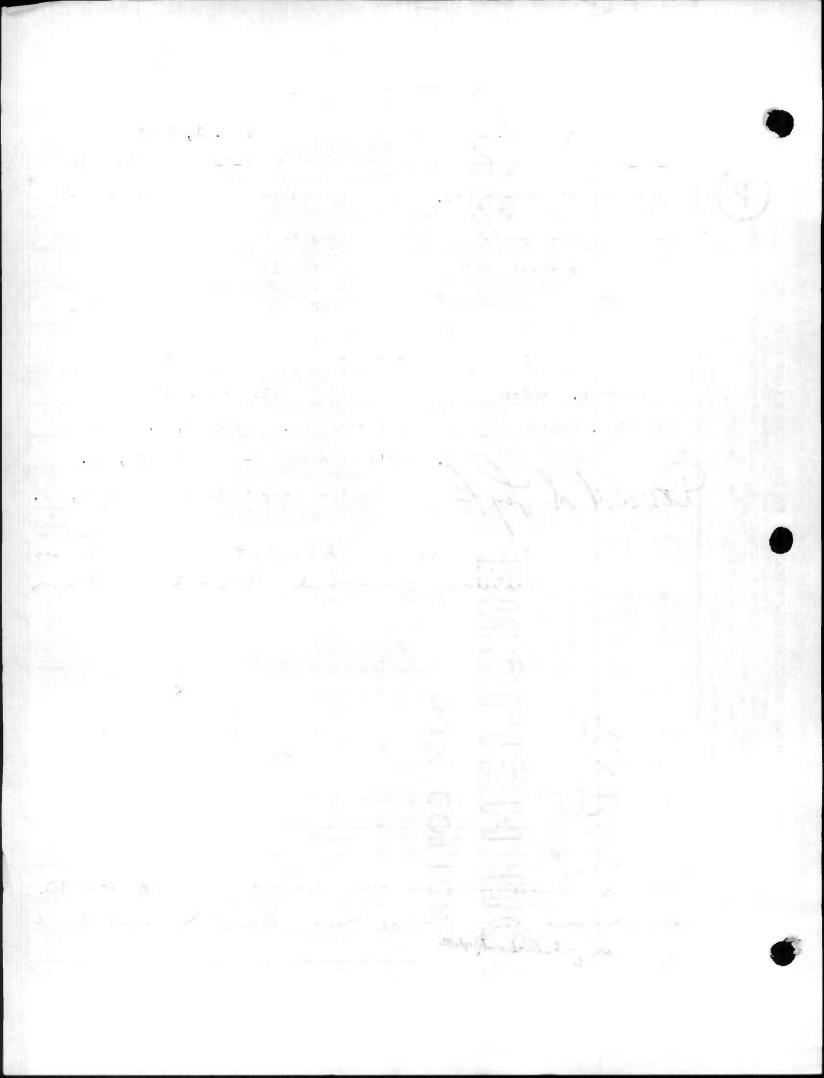


	1. DECEDENT'S NAME (First, Middle, La	est)		IFICATE OF	DEATH	2. DATE OF	REG. NO.	3. TIME OF DEA
	EDVIN	C.	T	TREV		MONTH	DAY	YEAR
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthdi				BIRTH	B. BIRTHPLACE (State or I Country)
1)	001 07 2739	1 M 2 F	70 YRS		F 1577 1 322	NOV		
1	9a. FACILITY NAME (If not institution, gi				OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH
2	RESIDENCE OF DECEDENT	LL PLAINS	SROAD	ANN	APOLIS		ANN	E ARUNDE
DIR	MD ANN			CITY, TOWN OR LOCA				10d. INSIDE CIT
	10e. STREET AND NUMBER	E ARUNDEI		ANNAPOL	Of, ZIP CODE			1 YES 2
FUNERAL	701 WHITEHAL	T DIATNE	POAD		27.407			EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS DE	ECENDENT OF HISP	ANIC ORIGIN?	Specify Yea or No — 1	14. RACE — American Ind
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IL MEN JINE W			specify Cuban, Mexi S 2 NO Spe		en, atc.)	SpecifyWHITE
ED	15. DECEDENT'S E	DUCATION	18e. OECEDEN	T'S USUAL OCCUPAT	TION	16b. K	IND OF BUSINESS/INDU	
LET	(Specify only highest gr Elementary/Secondary (0-12)	Coffege (1-4 or 5 +	Ille On NO	of work done during m T use retired.)	nost of working			
COMPL	AT PAYMENTS MADE (C) A ANGEL A	4	ENG	INEER			VIL SERV	TCE
E CO	17. FATHER'S NAME (First, Middle, Last) RALPH	177	To the second	37			die, Maiden Sumeme)	
0	19a. INFORMANT'S NAME (Type/Print)	E.	LIBB 19b. MAIL			LVA al Route Number.	CLARK City or Town, State, Zip C	Code)
10	LUCY S. LIBE	Y	707		HALL PI			napolis.
	20a. METHOD OF DISPOSITION X Buriel 2 Cremetion 3 R	amoval from State	20b. PLACE AND DA	TE OF DISPOSITION (A		PAY 6		
	4 Donation 5 Other (Specify)	where /	Md Vet	. Comt.		ville	Grown	sville,
(1 Side of Policial	1	4.		or Fune		hanel	,
	Mugles X	1. My	100	Ā	or Fune	is, Md	naper	21401
	23. PART I. Enter the diseases, o	re. List only one tieu	t caused the daeth. D	o not anter tha m	oda of dving, se	ich as cardle	c or respiratory error	
		/	ioo oii oooii iiijo.		one or cyring, or	zon as carura	c or respiratory sites	at, Approxim
	IMMEDIATE CAUSE (Finel disease or condition	/	*					intervsi E
		/	*					intervsi E
NC	disease or condition resulting in death)	DUE TO	(OR AS A CONSEQUENCE	C·Cu				intervsi E
ATION	disease or condition	DUE TO	(OR AS A CONSEQUENCE	C·Cu				intervsi E
IFICATION	disease or condition resulting in death) Sequentielly flat conditions, if any, leading to immediate	b. SV OUE TO	(OR AS A CONSEQUENCE	(· (u) White (intervsi E
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. SV OUE TO	(OR AS A CONSEQUENCE	(· (u) White (intervsi E
CE	Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SW OUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	C - (4) 201): 201): 201):	un, l Cencio	nidio		intervsi E
CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. SW OUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	C - (4) 201): 201): 201):	un, l Cencio	nidicinas	Dunce La. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF
CE	Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SW OUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	C - (4) 201): 201): 201):	un, l Cencio	nidicinas	Den a	Onset an 24b. WERE AUTOPSY F AMILABLE PRIOR
MEDICAL CE	Sequentially illat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are conditionally independent of the conditional conditions are conditionally independent.	b. OUE TO c. DUE TO d lons contributing to	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	C - (4) 201): 201): 201):	un, l Cencio	nidicinas	Dunce La. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condit	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resultin	OF): OF): OF): OF): OTHER:	Den. C.A. Ing couse given i	n Part I. 24	Aa. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
HYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condit	DUE TO b. OUE TO c. DUE TO d. lons contributing to HOSPITAL: 1 inpetient 2 28e. DATE OF	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting ER/Outpetlent 3 □ DOA INJURY 28b. 1	OF): OF): OF): OF): OTHER: 4 Nursing Hor	ng couse given i	n Part I. 24 Check only one) a Other (S	Aa. WAS AN AUTOPSY PERFORMED? YES 2 400	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL CE	Sequentially illat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO b. OUE TO c. DUE TO d. lions contributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Date)	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting ER/Outpetlent 3 □ DOA INJURY 28b. 1	C - (UC) OF): OF): OF): OF): OTHER: 4 Nursing Hor William Willia	Den. C.A. Ing couse given i	n Part I. 24 Check only one) a Other (S	Aa. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VS 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of Could not it.	DUE TO b. OUE TO c. DUE TO d. Ions contributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month). On 28e. PLACE OI building.	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting ER/Outpetlent 3 □ DOA INJURY 28b. 1	C - (UC) OF): OF): OF): OF): OTHER: 4 Nursing Hor William Willia	PLACE OF DEATH (Come 5 PResidence IJURY AT ORK?	n Part I. 24 Check only one) 28d. DESCR	Aa. WAS AN AUTOPSY PERFORMED? VES 2 400	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL CE	Sequentielly flat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not 1 determined	DUE TO b. OUE TO c. DUE TO d. Ions contributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month). On 28e. PLACE OI building.	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting DER/Outpetient 3 DOA INJURY 28b. 1	C - (UC) OF): OF): OF): OF): OTHER: 4 Nursing Hor William Willia	PLACE OF DEATH (Come 5 PResidence IJURY AT ORK?	n Part I. 24 Check only one) 28d. DESCR	La. WAS AN AUTOPSY PERFORMED? YES 2 2 100	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
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ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not I determined 29e. CERTIFIER 1 CERTIFYING PH (Check only one)	DUE TO b. OUE TO c. DUE TO d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting JER/Outpetient 3 DOA INJURY (ay, Year) FINJURY — At home, farretc. (Specify)	C - (U) COF): COF)	PLACE OF DEATH (Come 5 Presidence JURY AT ORK? YES 2 NO	n Part I. 24 Check only one) B Other (S 28d. DESCR	La. WAS AN AUTOPSY PERFORMED? YES 2 AND ON (Street and Number or fown, State)	Interval E Onset an 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 P
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COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly flat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO b. OUE TO c. DUE TO d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting DOA INJURY PART At home, farretc. (Specify) my knowledge, death occuramination and/or investige	C - (U) OF): OF): OF): OF): OTHER: 4 Nursing Hor IME OF 28c. IN W 1	PLACE OF DEATH (Come 5 PResidence IJURY AT YES 2 NO les la and place, and de death occured at the second se	n Part I. 24 Check only one) 28d. DESCR 28f. LOCATE City or i	As. WAS AN AUTOPSY PERFORMED? YES 2 400 ON (Street and Number or lown, State) (a) end manner as stated of place, and due to the	Interval E Onset an 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 IRED Rural Route Number, I. cause(e) and manner as a
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not I determined 29e. CERTIFIER 1 CERTIFYING PH (Check only one)	DUE TO b. OUE TO c. DUE TO d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting DOA INJURY PART At home, farretc. (Specify) my knowledge, death occuramination and/or investige	C - (U) OF): OF): OF): OF): OTHER: 4 Nursing Hor IME OF 28c. IN W 1	PLACE OF DEATH (Come 5 PResidence IJURY AT YES 2 NO les la and place, and de death occured at the second se	n Part I. 24 Check only one) 28d. DESCR 28f. LOCATE City or i	As. WAS AN AUTOPSY PERFORMED? YES 2 400 ON (Street and Number or lown, State) (a) end manner as stated of place, and due to the	Interval E Onset an 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 IRED Rural Route Number, I. cause(e) and manner as a

for the little formation with the second

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (FIRE		1	Zenl	-1/					2. DATE O		DAY 19	992	3. TIME OF DE
i	4. SOCIAL SECURITY NUM	-	5. SEX	8. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE O	BIRTN		e Bion	THE ACE (State or
	217-56-38	68	1 M 3 TF		68 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Sey, Year)	23	Vi	rginia
1	9a. FACILITY NAME (If not	institution, give	street and number)			9b. CIT	Y, TOWN O	OR LOCATI	ON OF DE	ATN		9c. CO	UNTY OF	
E	Anne Ar			1 Ctr.			Ar	nnap	oli	S		Ar	nne	Arundo
5	RESIDENCE OF DE	CEDENT 10b. COUNT			10c. CI	Y. TOWN	OR LOCAT	TION						10d. INSIDE C
DIRE	Maryland			el				apol	is					LIMITS?
	10e. STREET AND NUMBER		C *** Cilia	. 02.				. ZIP COD				10g. CI	TIZEN OF	WHAT COUNTRY
ERAL		Hom	ewood R	load				21	401			J	JSA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Dh			NT EVER IN U.S. 1 ☐ YES 2 ∑ WAR OR DATES			If yes, spe		ın, Mexica	IC ORIGIN? n, Puerto Ri		fes or No-	Ble	CE — American I ck, Whita, etc.
ED		CEDENT'S ED		16a.	DECEDENT'S	Work done	CCUPATIO	ON ost of world	ng	16b. I	CIND OF E	USINESS/II	NDUSTRY	
LET	Elementary/Secondary		College (1-4 or 5	5+)	Iffe. Do NOT u	ise retired.)	aker				П	lome		
COMPL	177-1-1-1-1-1-1-1		44		1:0	шеш	arei							
	17. FATHER'S NAME (First,	/	Pender					18. MOT		ME (First, Mi Lzab				
BE	19a. INFORMANT'S NAME		render		196. MAILIN	G ADDRES	S (Street a	and Numbe						
2	Richard		zenby											1401
	20a. METHOD OF DISPOSI	ITION		20b. PLA	CE AND DAT	E OF OIS	POSITION	(Name		OATE	_			Town, State
1	1 Burial 2 Cremet		moval from Stata	of cemet	tary, cremator	e S	place)	nete	ry	1-4	Ar	napo	olis	, Md.
(21 SIGNATURE OF FUNE	AL SERVICE L	JOHNSEE L	111				ND ADDRE						
	1	- 11	1											
	IMMEDIATE CAUSE (F	heart feliure	. List only on	nuse on sech i	line.	not anta	r the mo	ode of dy	ing, auc	h aa cardi	ac or rea	apiretory a	arrest,	Approx Interva Onset
	shock, or IMMEDIATE CAUSE (F	heart feilure	a. Regional on the Due to Due to Due to c.	nuse on sech i	HOV SEQUENCE	not anta	r the mo	ode of dy	ing, auc	h aa cardi	ac or rea	apiretory a	arrest,	Approx Interva Onset
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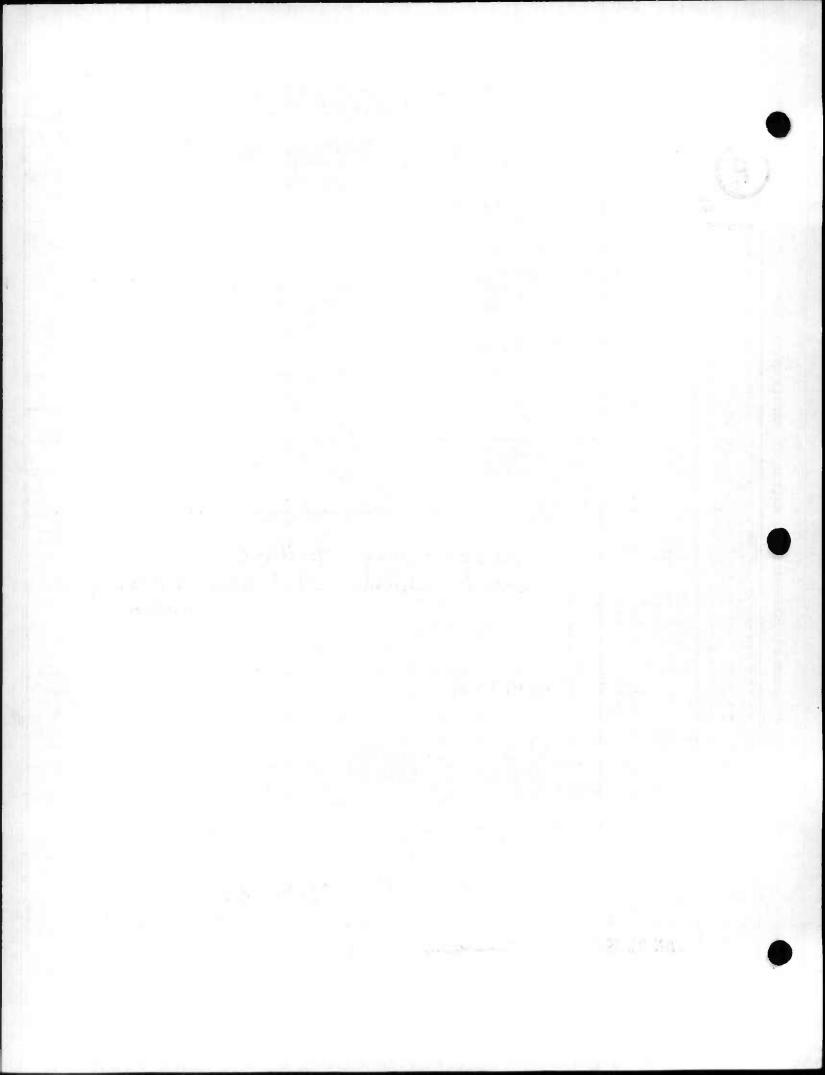
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the second secon
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the i with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	had no been 23 shows one latters or abbee bearenable means the sensition account and the sensition of

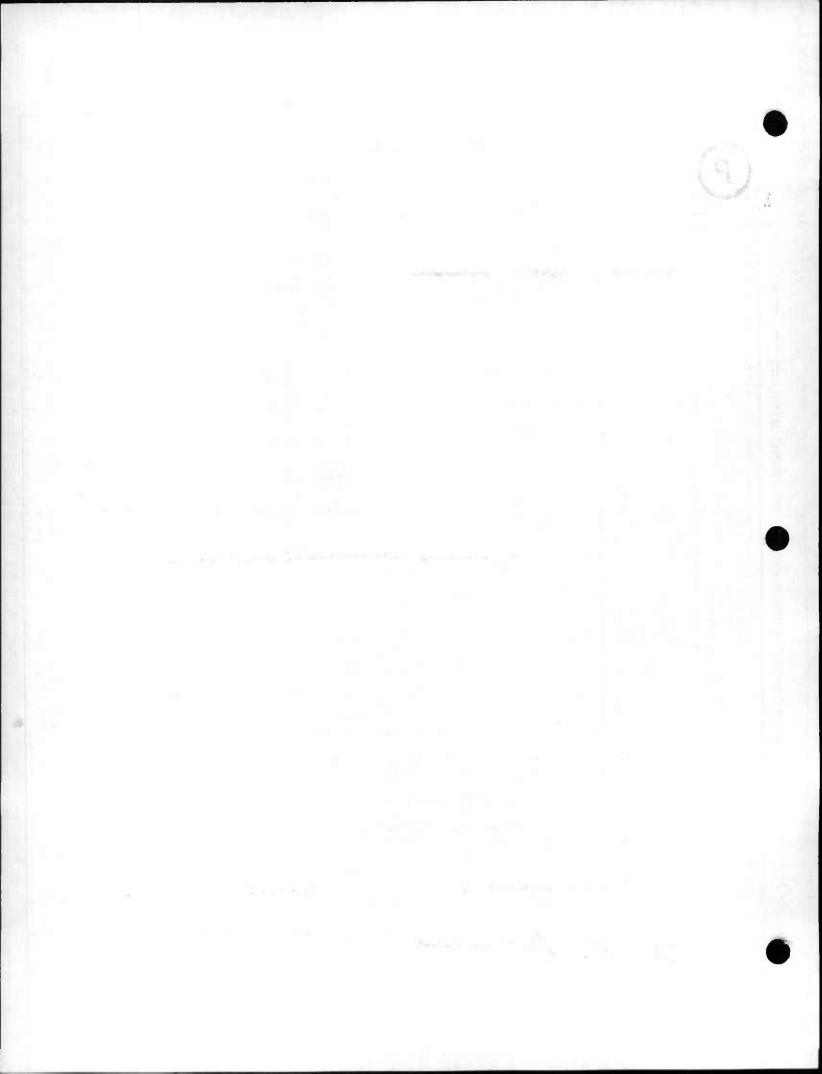
	1. DECEDENT'S NAME (First, Middle, Last	EANJEANW	WARNERLEY	MALLEY		2. DATE OF DEATH	AY - 92 3. TIME O
	4. SOCIAL SECURITY NUMBER	2.3	AGE (In yrs. lest birthday,	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. SIRTHPLACE (Sta Country)
	90. FACILITY NAME (If not Institution, give	1 M 2 KF	78 YRS.			3-21-1	3 Hagerstown
1 %	Washington (West. NACO	r. O	96. CITY, TOWN	OR LOCATION OF E	b /	9c. COUNTY OF DEATH
CION	RESIDENCE OF DECEDENT	ourna Head	iar .	Flager	Stown, M	la 21740	Washington (
DIRE	10a, STATE 10b, COUN			TY, TOWN OR LOC			10d. INSID
	MARYLAND 1	VASHINGTO	N	HAGERS			1 X YES
RAL	727 FREDERIC	CIDEET		1	O 1 7 1 0		10g. CITIZEN OF WHAT COUN
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13 WAS DI	21740	NIC ORIGIN? (Specify Yes	U.S.A.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 []	YES 2 NO	tf yes, s	specify Cuban, Mexic	an, Puerto Rican, etc.)	14. RACE — America Black, White, atc Specify:
ETED	15. DECEDENT'S ED (Specify only highest grad	JCATION e completed)	(Give kind of	S USUAL OCCUPAT	TION Tost of working	16b. KIND OF BUS	SINESS/INDUSTRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	ise retired.)	nosi oi morang		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		M	ANAGER		MOT	
ШСС	JOHN LEW	S WOLF			MAR'	AME (First, Middle, Malden Y ELIZA	
0	19a. INFORMANT'S NAME (Type/Print)	LO WOLI	19b. MAILIN	G ADDRESS (Street		Route Number, City or Town	
5	SARA A, BARR						RO, MD. 217
	24e. METHOO OF DISPOSITION 1 A Burial 2 Cremation 3 Rai 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE cometery, crematory or ROSE HT	OF DISPOSITION (Vame of	OATE 20c. LO	CATION — City or Town, Stata GERSTOWN, W
	21. SIGNATURE OF FUNERAL SERVICE L A. Hall 23. PART I. Enter the diseases, or	Brade complications that ca	used the death. Do	AND F	AND ADDRESS OF FA	COFFMAN F	UNERAL HOME HAGERSTOWN,
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Res	on esch lina.	0 T Y		rmhe	Inter
N	Sequentially list conditions,	"Je ver	e Chr	ONIC	Obst	rinhe	Valmonary
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	OF):			searce
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CONSEQUENCE (OF):			
AL C	PART II. Other significant condition	ns contributing to dea	th but not resulting	in the underlyi	ng cause given in	Part I. 24s. WAS AN	AUTOPSY 246. WERE AUTO
MEDICA	Lept 1	reumon	IG			PERFOR	MED? AVAILABLE
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL			26. /	PLACE OF DEATH (C)	neck anty one)	1 1 123
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:		6 ☐ Other (Specily)	
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJU		JURY 28c. th	JURY AT PORK? YES 2 NO	28d. OESCRIBE HOW IN	JURY OCCUREO
TED	3 Sylicida 6 Could not be 4 Homicide datarmined	28s. PLACE OF the building, atc.	JURY — At home, farm, (Specify)	streat, factory, offi	ice	261. LOCATION (Street a City or Town, State)	nd Number or Rural Route Number
"	29a. CERTIFIER 1 CERTIFYING PHYS					to the cause(s) and man	
COMPL		ER: On the basis of exemi-	nation and/or investigati	on, in my opinion,	death occured at the	time, data and place, and	due to the cause(a) and menne

J. 32. REGISTRAR'S SIGNATURE

D.

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	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEI REG. NO		00695)
	1. DECEDENT'S NAME (First, Middle, Last	0			2. DATE OF DEATH		3. TIME OF DEAT	_
	Carl	Millard	Mills	Jr.	1 2	9	2 3:48	Α.
	4. SOCIAL SECURITY NUMBER 215-54-3398	1 💢 M 2 🗆 F	(In yrs. last birthday) IF UNDER MONTHS MONTHS	YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 3,		BIRTHPLACE (State or For Country) Maryland	oreign
ECTOR	9a. FACILITY NAME (If not institution, give			Towson	DEATH	9c. COUNTY	of DEATH	
Direct	10a. STATE 10b. COUN		10c. CITY, TOWN OF			ı baı	10d. INSIDE CITY	r
	10e. STREET AND NUMBER	O Osborne Rd.		101. ZIP CODE	.136		1 TYES 2 1/2	NO
BY FUNERAL	11. MARITAL STATUS 1 [X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 13. W		PANIC ORIGIN? (Specify Yacan, Puarto Rican, atc.)		. RACE — American India Black, White, atc.	an,
ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USUAL OC	CHRATICAL	1		White	
PLET	(Specify only highest grace Elementary/Secondary (0-12)	Collega (1-4 or 5+)	(Give kind of work done do life. Do NOT use retired.) Mechanic	uring most of working	166. KIND OF BU	tomobi:		
E COM	17. FATHER'S NAME (First, Middle, Last) Carl Mi	llard Mills,	Sr.		NAME (First, Middle, Meider			
TO B	19a. INFORMANT'S NAME (Type/Print) Carl M. Mills,		19b. MAILING ADDRESS		al Route Number, City or Tov			
	20a. METHOD OF DISPOSITION 10 Burtal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	200	b. PLACE AND DATE OF DISPOSIT metery, crematory or other place! Lake View Me	TION (Name of	DATE 20c, LC	CATION CIN	or Town State	
	21. SIGNATURE OF FUNERAL SERVICE L		22. N	AME AND ADDRESS OF			2113	10
	23. PART I. Enter the diseases, or ahock/ or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hym	d the daath. Do not anter teach line.	ha moda of dylng, au	erstown Rd	• • Owi	Approximation of the control of the	ata atwee
ERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. JOUE TO (OR AS	A CONSEQUENCE OF):	Clatus	,			
: MEDICAL CI	PART II. Other aignificant condition	ns contributing to death b	out not resulting in the und	ariying cause given	n Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FIR AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	TO AUSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X2 YES 2 NO	HOSPITAL	OTHER:	26. PLACE OF DEATH /C				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		ng Home 5 ☐ Residence RE HIJURY AT WORK? 1 ☐ YES 2500	8 ☐ Other (Specify) 28d. DESCRIBE HOW I	NUURY OCCUR	ED	
red BY	Accident Investigation Suicide & Could not be Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fector		281. LOCATION (Street of City or Yours, State)		Tural Route Number	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the beat of my know ER: On the basis of examination	ledgs, death occurred at the tim n and/or investigation, in my opi	e, data and place, and du	is to the cause(s) and mai	nner as atated.		
		8 //		mon, oasti occarsa st ti	a time, data and placa, an	o oue to this ci	use(e) and mannar as at	ated.

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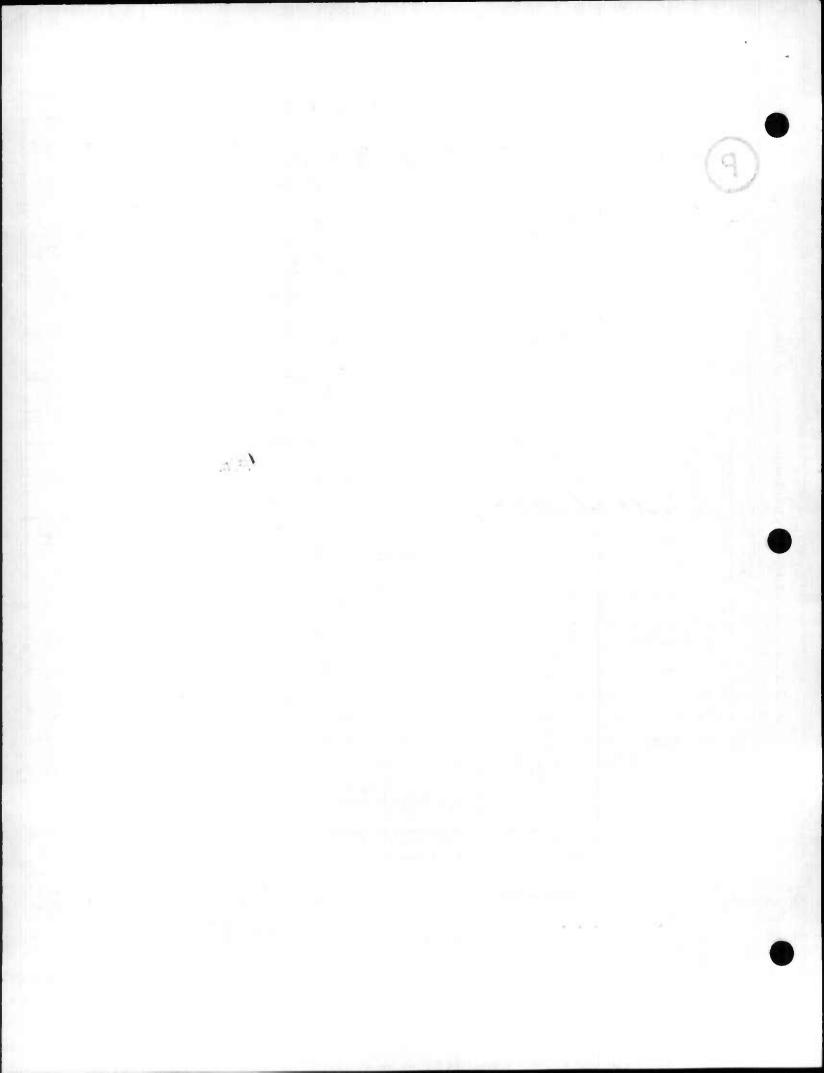
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MISSISTANT AL MECCANDS, P.O. BOX 86780,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
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Interval Bets		REGISTRAR		CERTIF	RTMENT OF FICATE OF	DEATH		REG. NO.			
SOUL SECONY MARKET AND ADDRESS OF THE ADDRESS OF TH		Emma C.	MILLER				MONT	H DAY		EAR	
TRAINCIAIN SQUARE HOSPITAL THE RESTRICTS OF PROCEDENT STATE THE)	216-12-6322	1 M 2 F			1	7 DATE	OF BIRTH	1.0	BIRTHPL. Country)	ACE (State or Foreign
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The NATIONANT'S NAME (Prophistry) The NALING ADDRESS (Street and Number or Rural Plauta Number, or Cry or Num. State, Zip Code) The NALING ADDRESS (Street and Number or Rural Plauta Number, or Cry or Num. State, Zip Code) The National State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Code of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street State of Street Street State of Street Street State of Street Street Street State of Street		(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+) None	(Give kind of life, Do NOT u	work done during muse retired.)	ost of working				TRY	
Total Content Total Conten	BE	Edward Leight		19b. MAILIN	G ADDRESS (Street	Amy (T	Jnkno	own)		2-1	
Secretary Control Co	2	Guy E. Miller,	, III	1740 0	Old Tane	ytown Roa	ad V	Mestmin	ster,	Md.	
23. PART I. Enter the diseases, or complications therefore details a hock, or heart fellure. Liet only one cause on each line. MMEDIATE CAUSE (Finel disease or condition or ecusion of the part of t		1 Burial 2 Tremation 3 4 Donation 5 Other (Specify))M	P Cometon ser	natory,	Inc.	CILITY	Balt			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO PERFORMED? 1 YES 2 NO OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 YES 2 NO OTHER: 1 No Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY AT WORK? 29. Accident Investigation Suddides 6 Could not be detarmined be		IMMEDIATE CAUSE (Finei disease or condition	idie. Liet only one cause on	eech line.	not enter the mo	ode of dying, suc	h as card	ind 21	784 story arrest	9	Interval Betw
EXAMINER? WANNER OF DEATH Check only one		IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Anoxic E1 DUE TO (OR AS DUE TO (OR AS	ncephalop s A consequence o Cardiac A s A consequence o	eathy for price of the modern the	ode of dying, suc	aryla	ind 21	784 story arreat	,	Approximate Interval Betw Onset and D
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3 Suicide 4 Homicide 5 Could not be datarmined 28a. PLACE OF INJURY — At home, Ierm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 Suicide 4 Homicide 6 Could not be datarmined 28b. PLACE OF INJURY — At home, Ierm, street, factory, office 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 3 Suicide 4 Homicide 6 Could not be datarmined 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	AN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conductions of the conduction of the conduction of the cause of the c	Anoxic E1 DUE TO (OR AS C. DUE TO (OR AS d. dittone contributing to death	ncephalop s a consequence of Cardiac A s a consequence of s a consequence of the but not resulting	not enter the monotone that have been contacted from the underlying the underlying the underlying t	ode of dying, such	Part I.	24a. WAS AN AI PERFORM 1 UYES 2 1	UTOPSY LED?	24b. WE AM COI	RE AUTOPSY FINDI
29a. CERTIFER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) N/A January 1, 1992	PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Anoxic E1 DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS)	ncephalop s a consequence of Cardiac A s a consequence of s a consequence of but not resulting	oathy for participation of the modern of the	g ceuee given in	Part I.	24a. WAS AN AN PERFORM 1 VES 2 (Specify)	UTOPSY IED?	24b, WE AWACOOF	Interval Bets Onset and E RE AUTOPSY FIND IILABLE PRIOR TO MPLETTION OF CAU DEATH?
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) N/A January 1, 1992	ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 6 Could no	Anoxic E1 B. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	ncephalop s a consequence of Cardiac A s a consequence of s a consequence of but not resulting utpetient 3 DOA Y 28b. Tim HN RY — At home, Jerm, J	oathy for participation of the modern of the	g ceuee given in LACE OF DEATH (Che to 5 Residence link? YES 2 NO	Part I. Pack only one 6 Other 28d, DE\$	24a. WAS AN AI PERFORM 1 VES 2 (Specify) CRIBE HOW INJ	UTOPSY IED?	24b. WE AMM COOO OF 1 [RE AUTOPSY FIND III.ABLE PRIOR TO OPERITOR VES 2 NO
	ETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigat 2 Accident Investigat 3 Suicide 6 Could no datarmine 29a. CERTIFIER (Check only)	Anoxic E1 DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. D	ncephalop s A consequence of Cardiac A s A consequence of s A consequence of the but not resulting utpetient 3 DOA Y 28b. TIM HU RY — At home, Jerm, incity)	oathy for path of the street, factory, office at the time, determined at the t	g ceuee given in LACE OF DEATH (Che to 5 Residence BURY AT SPREY VES 2 NO	Part I. Pack only one City c	24e. WAS AN AI PERFORM 1 VES 2 (Specify) CRISE HOW INJ	UTOPSY ED? NO JURY OCCUR!	24b. WE AMM CO OF 1 (RE AUTOPSY FIND ILLABLE PRIOR TO DEATH? YES 2 NO



32. REGISTRAR'S SIGNATURE

11

REG. NO 2. DATE OF DEATN 3. TIME OF DEATN DAY 1 -7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreig Country) Dec. 14 1914 New York 9c. COUNTY OF DEATN 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY U.S. government 18. MOTHER'S NAME (First, Middle, Malden Surname) Mae McNally Maryland DATE 20c. LOCATION — City or Town, State Ridge, Maryland Mattingley-Gardiner Funeral Home, P.A. Box 270, Leonardtown, Maryland 20650 Approximate Interval Between 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

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DHMH-16 Rev 1/89

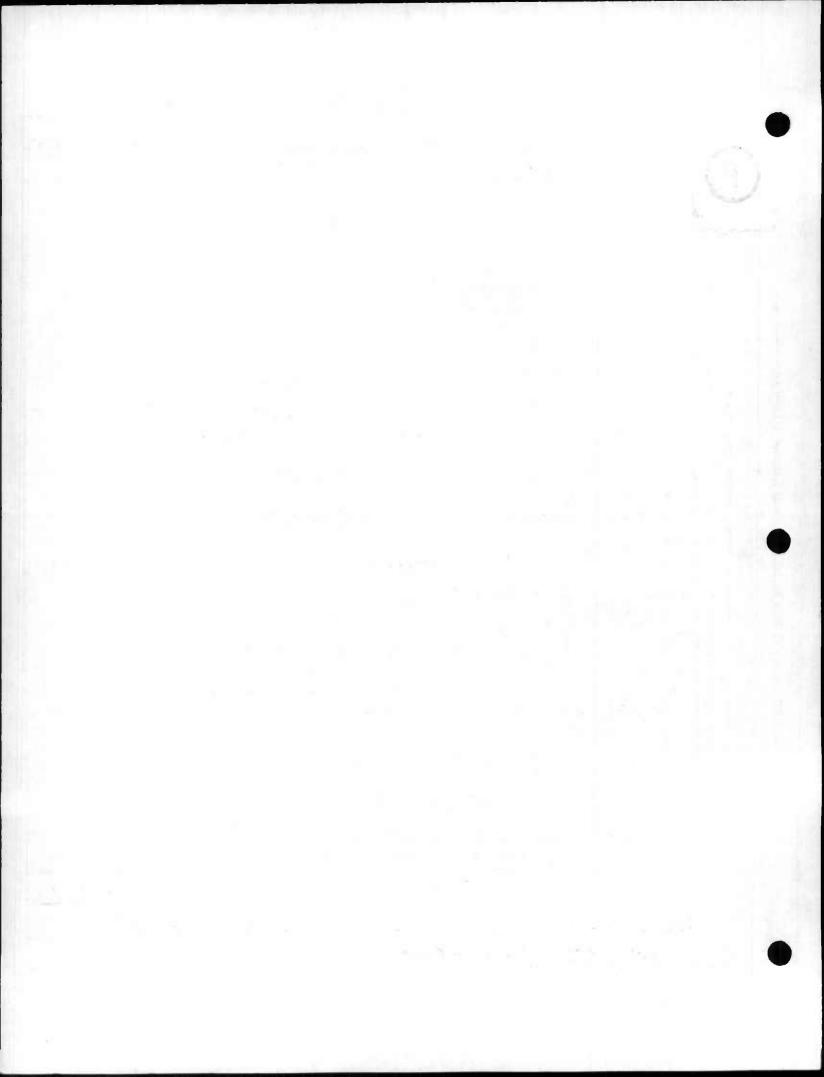
ser grant and the services of the

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATN
	JAM	4.5	Kirby F	ppr	\					MONTH	DAY)	YEAR 92	0
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs, is		IF UNDE	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTN	(6)		IPLACE (State or Foreign
1	217-18-71		1 M 2 - F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05-04-	919	Count	Penna
1	9a. FACILITY NAME (If not in					9b. CITY	r, TOWN	R LOCAT	ION OF DEA			NTY OF D	EATH
O	Washington		Hospital			Н	ager	stow	/n		WAS	HING	TON
E S	RESIDENCE OF DEC	10b. COUNT	Y		10c CIT	Y, TOWN	OR LOCAT	ION					las mane area
DIR	Maryland	Wash	ington			llia		1700					10d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	, nasi	1119 0011		1 "1	TTTU		ZIP COD	E		10g CIT	17EN OF V	1 TYES 2 X NO
E	P.O.Box #4	24 Fal	ling Wate	ers Rd.				217	95		_	USA	
FUN	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.A	RMED	13.	WAS DEC	ENDENT (OF HISPANIC	ORIGIN? (Specify)		14 BACE	E — American Indian,
ВУ	1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE W		NO		It yes, sp	2 NO	en, Mexican, Specify:	Puerto Rican, etc.)		Speci	k, White, etc.
ED B		EDENT'S EDU	CATION	1								Wh	ite
EE	(Specify only	highest grade	completed)		ECEDENT'S Give kind of a b. Do NOT us	work done	during mo	ON st of workl	ng	16b. KIND OF B	USINESS/IN	DUSTRY	
PL	Elementary/Secondary (0	-12)	College (1-4 or 5+)		ter/P		Atte	ndan	† .	Town o	f Wil	liam	sport
COMPL	17. FATHER'S NAME (First, M.	iddle, Last)		110	00171	a i i	,,,,,,,	_		E (First, Middle, Malde		TTUIII	Spor c
ш	John		Burton						nna	_ ()	Loui	SP	DAVIS
9 8	194. INFORMANT'S NAME (7)			19	b. MAILING	ADDRES	S (Street a			ute Number, City or To			DAVIS
5	Sandra A.Pei	nn			0.0.B					msport, M			
	20a. METNOD OF DISPOSITI	ON 3 Rsm	oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	ma of		DATE 20c. L	OCATION -	City or To	
	4 Donation 5 Other	(Specify)		"Cédar"	Lawn		_		1/8/92	-5	erstown	1,MD 2	21740
	21. SIGNATURE OF FUNERAL	L SERVICE U	ENUE			22.	SROR	NF F	SS OF FACI	L HOME			
	11/19011	1-08	/ hum							Williams	port.	MD 2	1795
	23. PART i. Enter the di	seeses, or o	complications thet List only one caus	caused the d	eath. Do r	ot enter	the mo	de of dy	ing, such	as cerdiac or rea	piratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Fin		List only one caus	e on each im									Onset end Deat
	disease or condition reaulting in death)	+	· Pn	OR AS A CONSE	oh:	23							14 82
												,	
ON	Sequentially list conditi		b. DUE TO (OR AS A CONSE	OHENCE OF	3d <	eu	00	3uc	inom	a to	14	eng
Ä	if any, leading to immed		1 Pin	- 1-1		, _	0-	10	- >	y Euch	0		1
	cause. Enter UNDERLYI			OR AS A CONSE	OUENCE OF	F):	226	vic	Ce	viuo	1120		1
IFIC	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events	ν .	DUE TO (OIL HO H COMSE									
ERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or inju	ν .	d. Blace	ldo	~ 3	de	uc	Có	we	icaln	de		
O	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	ry [Blac	lde	resulting	sdre						Į te	WEST DIFFERENCE CO.
O	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events	nt condition	Blac	lde	reaulting	sdre				ert I. 24s. WAS A	N AUTOPSY	260.	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL C	cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS	nt condition	d. Blace contributing to de	Seath but not	ste	in the ur				ert I. 24s. WAS A	N AUTOPSY	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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AN: MEDICAL C	CAUSE (Disease or injut that initiated events resulting in death) LAS	nt condition	a. Blades contributing to a	Seath but not	ste	in the ur	derlying	j ceuse (given in Pr	ert I. 24s. WAS A PERIOD 1 1 VES	N AUTOPSY	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL C	cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS' PART II. Other significa Deny d	nt condition	d. Blace contributing to de	Receipt of the second of the s	sts ex	In the ur	anderlying	ACE OF D	given in Pa	PERFORMANCE TO STATE OF STATE	N AUTOPSY	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL C	CAUSE. (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other signification of the control of the contr	nt condition	HOSPITAL:	Rate but not have been been been been been been been be	28 TIM	other	26. PL	ACE OF D	given in Pr	ert I. 24s. WAS A PERIOD 1 1 VES	N AUTOPSY DRIMED? 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS' PART II. Other significa Deny d 25. WAS CAGE REFERRED TO EXAMINER 1 VES 2 NO 27. MANNER OF DEATH Manual 6 1	nt condition	a. Blace contributing to a contributing to a contributing to a contributing to a contribution of the contr	Rate but not have been been been been been been been be	28 TIM	In the ur	26. PL	ACE OF D	given in Pr	art I. 24e. WAS A PERFC 1 VES t only one;	N AUTOPSY DRIMED? 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYI CAUSE (Disease or injut that initiated events resulting in death) LAS' PART II. Other signification of the control of	nt condition The condition MEDICAL Pending Investigation Could not be	BL3 contributing to contributing to contributing to contributing to contributing to contributing the contribution of the contr	Rate but not have been been been been been been been be	DOA 281. TIM	other the unit of	28. PL	ACE OF D	EATH (Check	art I. 24e. WAS A PERFC 1 VES t only one;	N AUTOPSY HMED7 2 NO 2 NO 2 NO	CURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO
ETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injuthat Initiated events resulting in death) LAS* PART II. Other signification of the control of the contr	nt condition The condition MEDICAL Pending investigation Research and be settermined	HOSPITAL: 1.4 Inputient 2 128e. DATE OF 16 (Movin, Day	death but not ER/Outputlert HAUBY HAUFF AT he ER/SHOTY	DOA 28h. TIM	OTHER	26. PL 28. PL 28c. INJ WO 1 1 1	ACE OF D	EATH (Check	RTI I. 24a. WAS A PERFO. 1 VES 1 only one: Other (Specify) 18d. DESCRIBE HOW City or River, State	N ALITOPSY PARED? 2 NO SLAWRY OC	CURED or Plant H	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO
ETED BY PHYSICIAN: MEDICAL C	CAUSE. (Disease or Injuriate Injuria	nt condition MEDICAL Pending presenting and the settlemized	BL3 as contributing to a scontributing to a scontributing to a scontributing to a scontributing a scontributin	death but not ER/Outpatient NULLINY INLUMY At her (Searty) Ty knowledge, de	28h TIM	OTHER	28. PL R: sing Hom 28c. INJ WO 1 1 7	ACE OF D	EATH (Check saidence 6 and due to 1 and due	RT I. 24s. WAS A PERFO. 1 2 VES 1 Other (Specify) 1 DESCRIBE HOW City or Rown, State the cause(s) and m	N ALITOPSY PARED? 2 NO BLANTY OC and Number	CURED or Floral FI	AMALEREPRIOR TO COMPLETION OF CAUSE OF SCRIPTS 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS' PART II. Other significa Deny of PART III. Other significa Deny of III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Matural III. Accident III. Matural II	nt condition The condition MEDICAL Pending Investigation Could not be Retermined IFYING PNYSH CAL EXAMINE	HOSPITAL: Let inputient 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	death but not ER/Outpatient NULLINY INLUMY At her (Searty) Ty knowledge, de	28h TIM	OTHER	28. PL R: sing Hom 28c. INJ WO 1 1 7	ACE OF D	EATH (Check saidence 6 and due to 1 and due	RT I. 24s. WAS A PERFO. 1 2 VES 1 Other (Specify) 1 DESCRIBE HOW City or Rown, State the cause(s) and m	N ALITOPSY PARED? 2 NO BLANTY OC and Number	CURED or Floral FI	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO
E COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE. (Disease or Injuriate Injuria	nt condition The condition MEDICAL Pending Investigation Could not be Retermined IFYING PNYSH CAL EXAMINE	HOSPITAL: Let inputient 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	death but not ER/Outpatient NULLINY INLUMY At her (Searty) Ty knowledge, de	28h TIM	OTHER	28. PL R: sing Hom 28c. INJ WO 1 1 7	ACE OF D	EATH (Check saidence 6 and due to 1 and due	THE COCATION (Street, State and place, of	N ALITOPSY PARED? 2 NO BLANTY OC and Number	CURED or Fluid file ted.	AMALEREPRIOR TO COMPLETION OF CAUSE OF SCRIPTS 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS' PART II. Other significa Deny of PART III. Other significa Deny of III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Accident III. Matural III. Matural III. Accident III. Matural II	nt condition nt condition MEDICAL Pending meeting and be fetermined IFYING PNYSI CAL EXAMINE OF DEATH PIEF	HOSPITAL: Let Inputted 2 2 28e. PLACE OF Invitating 6	death but not ER/Outpellent NJUHY Bar INJUNY An har IS soorly) Thy knowledge, dimination and/or	28th Time 18th Serm, seath occurre Investigatio	or Helium Minded, fact,	28. PL Rising Home 28c. INJ WO 1 0 1	ACE OF D	EATH (Check	THE COCATION (Street, state and place, s	N ALITOPSY PRIMED? 2 NO SHAPTY OD and Number and Number 29d. DAT	cused for filtered for the course (a)	MARLE PRIOR TO COMPLETION OF CAUSE OF SCRIPT. 1 YES 2 NO Toulle Number I and manner es stated, (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYI CAUSE (Disease or Injurity CAUSE (Disease or Injurity CAUSE (Disease or Injurity CAUSE (Disease or Injurity CAUSE OF Injury CAUSE OF	nt condition nt condition nt condition nt condition needing ne	HOSPITAL: Let Inputted 2 2 28e. PLACE OF Invitating 6	death but not ER/Outpetient INJURY INVENTOR AS IN INVENTOR SOMEONY TO F DEATN (ITE 21 1/17	28th Time 18th Serm, seath occurre Investigatio	OTHER	28. PL Rising Home 28c. INJ WO 1 0 1	ACE OF D	EATH (Check	THE COCATION (Street, state and place, s	N ALITOPSY PARED? 2 NO BLANTY OC and Number	cused for filtered for the course (a)	MARLE PRIOR TO COMPLETION OF CAUSE OF SCRIPT. 1 YES 2 NO Toulle Number I and manner es stated, (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa

•	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Anthon	X (NUH)	PUTI	50	2. DATE OF I	DEATN DAY	92	3. TIME OF DEATN 1237 M
	4. SOCIAL SECURITY NUMBER 151-10-5729	1 1 1 1 2 1 F	YRS.	F UNDER 1 YEAR NONTHS DAYS	HOURS MIN.		y. Year) -1910	Count	Jersey
d	9a. FACILITY NAME (If not institution, give at 2307 Weymou RESIDENCE OF DECEDENT	SLane			ofton	24111			Arundel
	10a. STATE 10b. COUNTY	ne Arundel	10c. CITY,	TOWN OR LOCAT	fton				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
- CHECKE	10. STREET AND NUMBER WEYM 2307 Weymons	Lane	-	101.	21114		10g. C	USA	WHAT COUNTRY?
	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF NISPAR bolfy Cuben, Mexica 2 NO Specifi	n, Puerto Rica		Blac	E — American Indian, k, Whita, atc. Mite
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		sual occupation of the done during more retired.)	st of working		Mercha		2
	17. FATHER'S NAME (First, Middle, Last) Unknown		110101	rent Me	18. MOTNER'S NA		lle, Maiden Surnam		a LTH6
	19a. INFORMANT'S NAME (Typo/Print) Mary Manco		19b. MAILING A	ADDRESS (Street a	nd Number or Rural			Zip Code) 2111	4
	20e. METHOD OF DISPOSITION Durial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ovel from State	other place)	Jeasus		ery	20c. LOCATION	— City or To	
	tomald &	Tito	1	Taylo	r Fune	ral C			polis, Md.
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only on cause on e	och line. Lea	ur J			or respiretory	errest,	Approximete Interval Between Onset and Death
NO.	Sequentially list conditions, if any, leading to immediate	oue to con as i	CONSEQUENCE OF)	des	laie				
CENTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF)	:	-				
MEDICAL	PART II. Other significant condition COSD Co Hyperteusus	and wines a	out not resulting in	the underlying	g ceuse given in		PERFORMED?	_	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (C		(marth)		
BY PRI	27. MANNED OF DEATH 1 Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	URY AT DRK? YES 2 NO		IBE NOW INJURY	OCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		treet, factory, offic	•	261. LOCATION City or 1	ON (Street and Nur Town, State)	nber or Aural	Route Number,
COMPLEIED	(Crieck Orlly	ICIAN: To the best of my know							(a) and manner as stated.
OBE	296. SIGNATURE AND TITLE OF CERTIFIE	elul ,	MD		29c, LICENSE NU	731	29d.	DATE SIGNE	O (Month, Day, Year) - G Z
-	30. NAME AND ADDRESS OF PERSON WAR	SCHUH 60	O KIDG		9v. A.	TNUS	FROW	5 0	1021401
	3" JAN 0 3" 1992 gu	La Say don-North	AVIE			-			

and of had a tagent Lot of the same of the

1. DECEDENT'S NAME	(First, Middle, Last)	HELMA	IOL	CERTIF	COCI				2. DATE OF D	EATH DAY	1 3	FAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY N		5. SEX 1 M 2 D F		rs last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day,		-	BIRTHP Country)	LACE (State or Foreign
98. FACILITY NAME (H) Merce RESIDENCE OF I	DECEDENT 10b. COUNT	nue	sing	Center 10c. CIT	9b. CITY,	af			ATH MC		De. COUNTY	V OF DE	
Maryland	Cha	rles			La 1	Pla	ta						YES 2 NO
10s. STREET AND NUM							. ZIP CODE			1	log. CITIZE		AT COUNTRY?
One M	Magnoli	a Drive	9				2064	6			U.	S.A	١.
11. MARITAL STATUS 1 Never Merried 2 Widowed 4		12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U. 1 YES WAR OR DATE	S ARMED X X NO	1	If yes, sp			IC ORIGIN? (Sp 1, Puerto Rican,		No- 14		- American Indien, White, etc.
				(Give kind of the Do NOT to	work done d	during mo	ON at of worldn	ng		of Busini		TRY	
17. FATHER'S NAME (Fir				HOME	-marc	CI	18 MOTE	JED'S NAI	ME (First, Middle				
Charles		iffith					1000	ola		cock	rneme)		
19a. INFORMANT'S NAI	ME (Type/Print)			19b. MAILING	D ADDRESS	S (Street a			Route Number, Ci		State. Zio C	ode)	
Alexan E	rm 1			DO	-	-	E #2	NT	0 1 1	a 1	D	Cal	b Island
Alwyn E.	Twynha	m		P.U.	. Boz	X b.	J, #3	IV.	Uakla	and I	Dr.,	COL	o istand
20e. METHOD OF DISPORTAL Burlet 2 Crem	OSITION nation 3 - Ren		Geo	LACE OF DISPO	SITION (Na	ame of cer	netery crem	attory or		20c LOCAT	TION CII	V OF TO	ldsm20625 laryland
20s. METHOD OF DISPO	OSITION nation 3 - Ren Other (Specify)	noval from State	Geo	LACE OF DISPO	Vash:	ing of cor	notory, cross ton to Andres HART	Cem		Ade:	lphi E,IN	, M	ldw20625 laryland
20a METHOD OF DISP LA Burlel 2 Cren 4 Donellon 5 C 21. SIGNATURE OF FUN 23. PART I. Enter M	OSITION nation 3 Ren Other (Specify) IERAL SERVICE LI The diseases, pr or heart failure.	complications th	nat ceused the suse on each	LACE OF DISPO ther place) Orge V	Vash:	ing NAME ARE P.O	HART Bo	natory or Cem ss of Fa FU ox 5	etery NERAL 67 ,La	HOMI a Pla	Iphi Lphi E,IN ata,	, M C. Md.	ldw20625 laryland
20a METHOD OF DISPI (A) Burlel 2 Crent 4 Donellon 5 C 21. SIGNATURE OF FUN 23. PART I. Enter Manager shock, IMMEDIATE CAUSE disease or conditio	OSITION nation 3 Ren Particle 13 Ren Particle 14 Ren Ren Ren Ren Ren Ren Ren Ren Ren Ren	complications the List only one call. DUE TO DUE TO C.	Georgia de la company	LACE OF DISPO ther place) Orge V The death. Do h line.	Nash:	ing NAME ARE P.O	HART Bo	natory or Cem ss of Fa FU ox 5	etery NERAL 67 ,La	HOMI a Pla	Iphi Lphi E,IN ata,	, M C. Md.	20646 Approximate Interval Between
20. METHOD OF DISPLANT IN SURE OF THE PROPERTY	DSITION nation 3 Ren Part (Specify) IERAL SERVICE U na diseases, or or heart failure. (Finei n nditions, nmediate RLYING Injury LAST	complications the List only one case. DUE TO DUE D	Georgia de la company	LACE OF DISPO ther place) OTGE V One death. Do h line.	Nash:	ing ing AREA	netery, crem ton th Agran Agran Bo de of dyl	Cem SS OF FA	etery NERAL 67 , La n as cardiac	HOMI a Pla	TION - CH lphi lphi E, IN ata, atory arree	y or too.	20646 Approximate Interval Between
29. METHOD OF DISPINATION OF DISPINA	DSITION nation 3 Ren Ren Ren Ren Ren Ren Ren Ren Ren Ren	complications the List only one can be determined by the can be determi	Georgia de la company	LACE OF DISPO ther piace) OTGE V The death. Do h line. PONSEQUENCE CO DISEQUENCE CO D	Nash:	ing ing ing ing ing ing ing ing ing ing	metery, crement of the control of th	Pastory or Cem See Factory OK 5 Ing. aucl	Part I. 24a.	HOMI a Pla	TION - CH lphi lphi E, IN ata, atory arree	y or too.	20646 Approximate Interval Betwee Onset and Dest Conset and Dest Conset and Dest Conset and Dest Conset and Dest
20. METHOD OF DISPINATION OF DISPINA	DSITION nation 3 Ren Ren Ren Ren Ren Ren Ren Ren Ren Ren	complications the List only one case. DUE To the DUE T	Georgia de la company	LACE OF DISPO	Nash:	ing ing ing ing ing ing ing ing ing ing	metery, crement of the control of th	Cem Se of FA OX 5 Ing, aucl OX 5 Ing, aucl OX 5	etery NERAL 67 , La n as cardiac (Ade: Ade: HOMI a Pla prespirat Was an au Penforme yes 2 [1]	TION — CH Lphi E, IN ata, Lory arres	, Md.	20646 Approximate Interval Betwee Onset and Dest Conset and Dest Conset and Dest Conset and Dest Conset and Dest

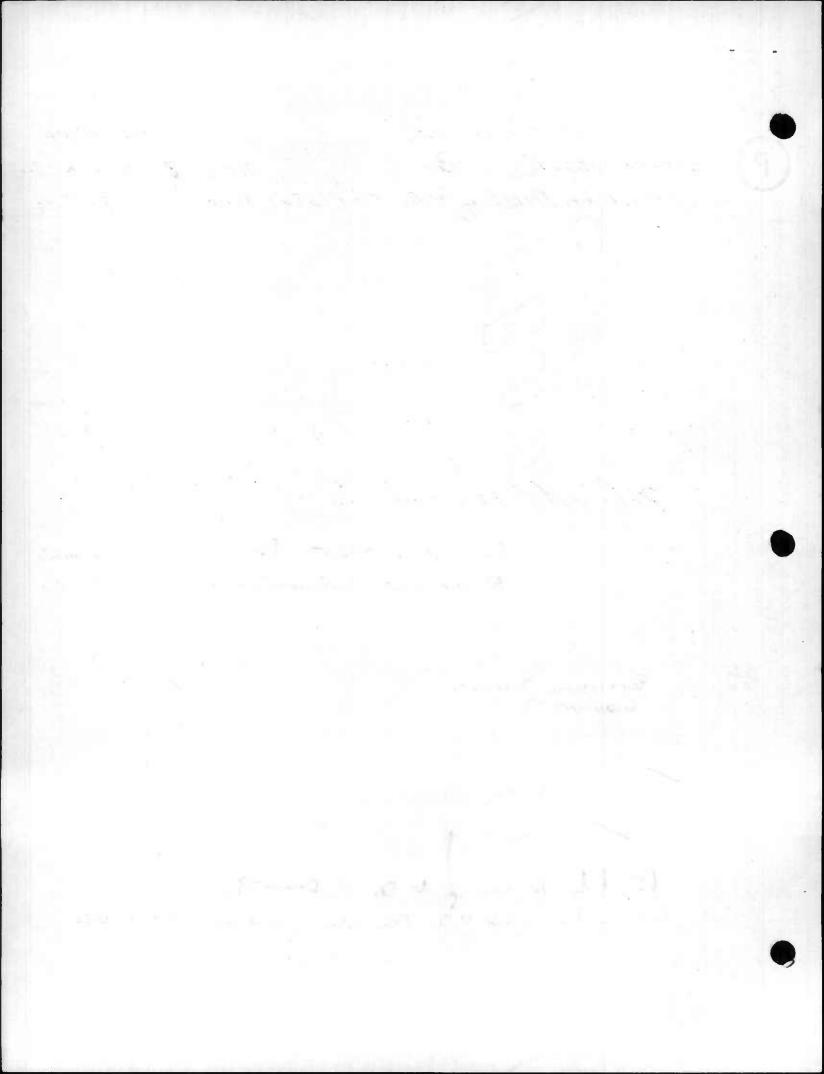
29d. DATE SIGNED (Month, Day, Year) 9 D-40479

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0

Robert M Pen 31. DATE FILED (Month, Day, Year) 3 32

32 REGISTRAR'S SIGNATURE



	1. DECEDENT'S NAME (First	it, Middle, Las	Roger	Svlve	esten I	REPP			2	. DATE OF DEATH		3	3. TIME OF DEA
		150	gev	by it v	Pe	10				MONTH	DAY 7	YEAR 92	21.1
1	4. SOCIAL SECURITY NUM	BER		6. AGE (In y	rs. last birthday)	VIF UNDER	1 YEAR	IF UNDER	24 HRS. 7	DATE OF BIRTH	1	8. BIRTHPL	LACE (State or F
	214-16-1173	3	1 XXM 2 [F		71 YRS.	MONTHS	DAYS	HOURS	MIN.	pril 21	1920	Mary.	land
1	9a. FACILITY NAME (If not is	institution, giv	e atreet and number)			9b. CITY	TOWN 0	OR LOCATIO	ON OF DEAT			TY OF DEA	
BO	Washington	Coun	ty Hospital	1				stown				hing	
5	RESIDENCE OF DE	CEDENT										- 0	
H.	100000000000000000000000000000000000000	10b. COUI				Y, TOWN C						. 1	IOd. INSIDE CIT
DIR	Maryland		shington		H	agers	stow	n				1	X YES 2
RAL	324 Belvie		onuo				101	. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
NE		CW HV						2174	12			U.S.A	Α.
BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 (2) IF YES, GIVE WAI	R OR DATE:	2 NO		f yes, sp	CENDENT O	n, Maxican, F	ORIGIN? (Specify Yes	na or No— 1	14. RACE - Black, 1 Specify:	- American Ind White, atc. White
ED	15. DEC	CEDENT'S E	DUCATION		a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	JSINESS/INDU	STRY	
E	Elementary/Secondary (-	College (1-4 or 5 +)		(Give kind of life. Do NOT u.	work done (se retired.)	during mo	ost of working	g				
APL	0-12		2		draft	sman				indu	ıstry		
COMPL	17. FATHER'S NAME (First, A	Middle, Last)						1a. MOTH	ER'S NAME	(First, Middle, Malder	n Sumame)		
ш	Aa	aron	Repp						Lula	S. Funl			
TO B	19a. INFORMANT'S NAME (te Number, City or Tox			
F	Mrs. Evely	n Rep	P		324 B	elvie	ew A	venue	e, Hag	gerstown	, Mary	1and	21742
	20a. METHOD OF DISPOSIT	TION on 3 🗆 Re	emoval from State	20b. PL	ACE AND DATE	OF DISPOS	ITION (Na	ame of		DATE 20c. LO	OCATION — CI	ity or Town	n, State
	4 Donation 5 Other	r (Specify)		Hag	erstow				ī				arylan
	21. SIGNATURE OF FUNERA	AL SERVICE	LICENSEE						S OF FACILI				I Home
	rolen	this	Kackin	-		41	15 E	. Wil	Lson I	Blvd., Ha	agerst	own,	MD 2:
	iMMEDIATE CAUSE (Fit disease or condition	nai			line.	A .=	61	5-11		s cerdlec or resp			interval E
RTIFICATION		tions, ediate fing	b	OR AS A CO	WACO- INSEQUENCE OF	F):	cı	erce					Approximinterval B Onset en
CERTI	disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	tions, ediate FING ury	b	OR AS A CO	WAGO	F): F): F):			l st-el	Dre			interval B
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CAL CERTI	disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	tions, ediate FING ury	b	OR AS A CO	WAGO	F): F): F):			l st-el	71 I. 24a. WAS AF	RMED?	24b. W	Interval E Onset en
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: MEDICAL CERTI	disease or condition resulting in death) Sequentielly ilst condit if any, leading to Imme cause. Enter UNDERLY. CAUSE (Disease or injut that initiated events resulting in deeth) LAS PART ii. Other significations.	tions, ediate ling ury ST	b	OR AS A CO	WAGO	F): F): F):	deriying	g cause g	iven in Par	rt I. 24a. WAS AF PERFO	RMED?	24b. W	Interval E Onset en La FERE AUTOPSY F VAILABLE PRIOR OMPLETION OF F DEATH?
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TED BY PHYSICIAN: MEDICAL CERTI	Sequentielly ilst condition resulting in death) Sequentielly ilst condition if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART ii. Other signification in the cause of th	ent conditions, adiate the the the the the the the the the t	b. DUE TO (O c. OUE TO (O d. One contributing to do DESTRUCTION DE	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE OF CONSEQUENCE OF CONSEQU	OTHER 4 Nurs E OF URY M street, factor	26. PL 1: Sing Hom 28c. INJ Ory, office	g cause g _ACE OF DE te 5	iven in Parising ATH (Check Idence 8 [28 NO 28 28 NO 28	only one) Other (Specify) Id. DESCRIBE HOW If. LOCATION (Street City or Town, State	RMED? 2/5] NO INJURY OCCU and Number or	24b. W AN CO O 1	Interval E Onset en Conset e
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E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentielly list condition resulting in death) Sequentielly list condit if any, leading to Imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the con	ent conditions, and and conditions and conditions and conditions and conditions and conditions are conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditions and conditions are conditions and conditions are conditionally conditionally are conditionally conditionally conditions are conditionally conditional	b. DUE TO (O c. OUE TO (O d. ONS CONTributing to do PROPERTY OF IN (Month, Day, or or or or or or or or or or or or or	DR AS A CO DR AS A CO	ONSEQUENCE OF CONSEQUENCE OF CONSEQU	OTHER 4 Num E OF UNY M street, factor	26. PL 1: Sing Hom 28c. INJ Ory, office	g cause g ACE OF DE 10 5 Rat URY AT RK7 YES 2 and place, eath occure	iven in Parisidence 8 [28] NO 28 and due to 1 d at the limit	only one) Other (Specify) Id. DESCRIBE HOW If. LOCATION (Street City or Town, State) the cause(a) and ma	RMED? 2/S] NO INJURY OCCU and Number of	24b. W AN AN AN AN AN AN AN AN AN AN AN AN AN	Interval E Onset en KLO FERE AUTOPSY F MAILABLE PRIOR OMPLETION OF F DEATH? YES 2 Interval E Number,
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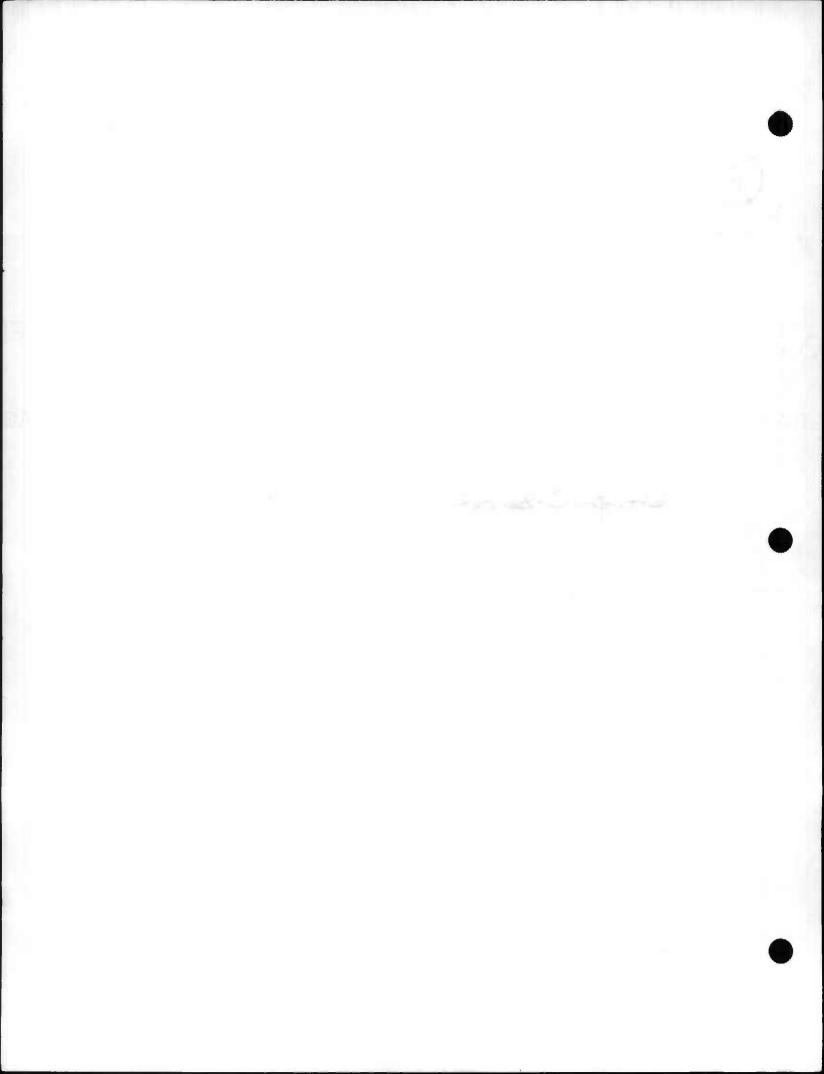
	1 - FOR STATE REGISTRAR		MARYLAND) / DEPAR CERTIF	TMENT ICATE	OF HEALTH AND	MENTAL HYG			
	1. DECEDENTS NAME (First, Middle, Las	2	014700				2. DATE OF DEAT	H DAY	YEAR 3.	TIME OF DEATH
1	214-09-6724	5. SEX	6. AGE (In yrs. 83		IF UNDER	T YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(1.4 D. 14	ir)	Country)	Maryland
1	9a. FACILITY NAME (If not institution, give Washington Cour		:al		9b. CITY,	TOWN OR LOCATION OF Hagerstow		9c. COUN	TY OF DEAT	Н
	RESIDENCE OF DECEDENT			40.00		R LOCATION		Was	hingt	
		shington		10c. CI1		erstown				d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO
	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITI		T COUNTRY?
	12 S. Walnut St					21740			USA	
	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 [MHO	4	MAS DECENDENT OF HISP f yes, specify Cuban, Maxi YES 2 Z NO Spec	can, Puerto Rican, etc	y Yes or No-	Black, W Specify:	
	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	PUCATION de completed) College (1-4 or 5+		DECEOENT'S (Give kind of v life. Do NOT us	vork done o	CCUPATION furing most of working	16b. KIND OF	BUSINESS/INO		hite
	17. FATHER'S NAME (First, Middle, Last) John	Rohrer				Clara	NAME (First, Middle, Ma	iden Surname) Zittle		
	190. INFORMANT'S NAME (Type/Print) June Jesson					(Street and Number or Rura				
	20q, METHOO OF DISPOSITION			923 ME	_		agerstown			
	1 XBurial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	cemetery.	crematory or ot	her plece)		- 1-	LOCATION - C		aryland
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE /	n'in	ne		5 E. Wilson	FACILITY Minn	ich Fun	eral :	Home Md. 21740
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Hell oue to	OR AS A CONS	SEQUENCE OF): Zny):		MCTON A	mon		
	PART II. Other significant condition	ons contributing to	death but no	t resulting i	n the und	derlying cause givan i	PER	S AN AUTOPSY FORMED? S 2 NO	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	28. PLACE OF DEATH (C	theck only one)			
	1 YES 2 NO	1 Inpetient 2 I		1		ng Home 5 - Residence				
- American	1 Natural 5 Pending 2 Accident Investigation		y. Year)	28b. TIME INJ	JRY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	FINJURY — At Mc. (Specify)	home, ferm, si	Ireet, facto	ry, offica	28f. LOCATION (Str City or Town, S	eet and Number (lete)	or Rural Route	Number,
						ne, data and place, and du				I manner as stated.
	296, SIGNATURE OF THE STATE OF	FAMO	.4	Huse	C/4	29c. LICENSE N	17067	29d. DATE	SIGNED (NO.	nth, Day, Year)
	STEPHEN MET	WEN W	N	1852	Print) 	were He	HAECIS	TOAN	mi	
	JAN 06 1992	Jacob Senisa	S SIGNATURE		,			A	-	

IENE	26	U	U	I	L

	REGISTRAR		CERTIF	ICATE	OF	DEATH	RE	G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) Percy	Wilb	ur	Robis	son		2. DATE OF DE MONTH	DAY 03	YEAR 92	3. TIME OF OEATH 12:12 P/ M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,		6. BIRT Coun	HPLACE (State or Foreign
1	233-10-0807		89 YRS.				01-11		Wes	<u>t Virginia </u>
1	90. FACILITY NAME (If not institution, give at Williamsport Nurs					msport	ATH		OUNTY OF	
DL.	RESIDENCE OF DECEDENT	Ing nome		MIT	TIA	msport		W	asnı	ngton
DIRECT	Virginia 106. COUNT	, Morgan	10e. Ci	Berke		ow / Spring:	s			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DI	100. STREET AND NUMBER Route 2, Box	148A			10f.	ZIP COOE 2541	1	10g. 0	U.S	what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF		If y	yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Rican,			CE — American Indian, ck, White, atc. City: White
	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCC	UPATIO	N	16b. KIND	OF BUSINESS/	INDUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Mainten	work done du			Tel	anhana	Camp	(000)
MP		۲.	Marinten	ance .	Jupi			.ephone		any (C&P)
BE CO	17. FATHER'S NAME (First, Middle, Lest) David	Eli	Ro	bison		18. MOTHER'S NA Mary	ME (First, Middle,	Meiden Surname Et	-	Grow
TO 8	190. INFORMANT'S NAME (Type/Print) Helen Marie Smit	h				148, Be:				25411
	20e. METHOD OF OISPOSITION XIX Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPO					20c. LOCATION		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Bluemon			ry Payasson in	CILITY	Graft		
	10-9-0	· Sance	M0052							ınc. s, WV 25411
	ehock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Basal Ce								Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C,	S A CONSEQUENCE (
EDICAL	PART II. Other significant condition	na contributing to deat	h but not resulting	in the und	leriying	g ceuse given in		WAS AN AUTOP PERFORMED? YES 2 X NO		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	Discouling a D BOS	OTHER:		ACE OF DEATH (Ch				
PHYSICIAN: M	27. MANNER OF DEATH 1 📉 Natural 5 🔲 Pending	28e. DATE OF INJUI (Month, Day, Yes	RY 28b. TI		28c. INJ WO	e 8 Residence URY AT RK? /ES 2 NO		E HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUDUISHING, etc. (JRY — At home, term Specify)	, street, factor	ry, offic	•	28f. LOCATION City or Tox	N (Street end Num vn, State)	nber or Rure	I Route Number,
COMPLETED	Torreck Orny	ICIAN: To the best of my ki								o(e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER	29d.	DATE SIGNI	ED (Month, Day, Year)
	- HOLLOU	e m				D 33700			01-	-03-1992
5	30. NAME AND ADDRESS OF PERSON WE Dr. Ted E. Howe,				МГ	20832		•		
	31. DATE FILED (Month, Day, Year)	. REGISTRAR'S S								
- 1	K 100K	/	. character							

BALTIMORE, MARYLAND 21203-3146

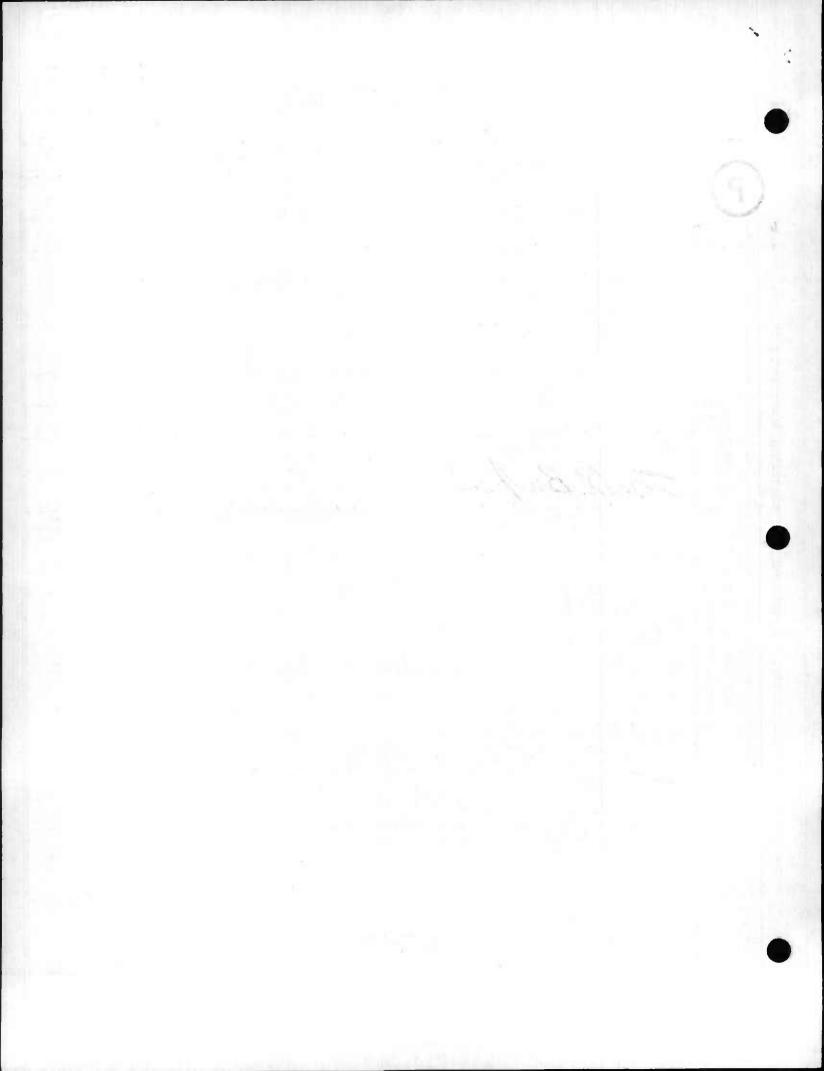
DIVISION OF VITAL RECORDS, P.O. BOX 13146,



	*	Last)						2. DATE OF	DEATH	YE	3. TIME OF DEATH
	THEODORE L	EROY REUV							l	9	2 12:257
		1 M 2 F	AGE (In yrs. last bi	YRS. IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, D	lay, Year)	C	BIRTHPLACE (State or Forei Country)
1	90. FACILITY NAME (If not institution,	give street and number)	41		r, TOWN OF	R LOCATIO	ON OF DEA	12/2		9c. COUNTY	laryland
à	1460 Crofton					fto					Arundel
DIREC	10e. STATE 10b. CO			CROFT		ON					10d. INSIDE CITY LIMITS?
A	10e. STREET AND NUMBER			OROF I	-	ZIP CODE				10g. CITIZEN	OF WHAT COUNTRY?
FUNER	1460 CROFTO					2	1114			US	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		WAS DECE If yes, spec 1 YES	city Cube	n, Mexican,	C ORIGIN? (5 Puerto Rica	Specify Yee or an, etc.)	r No- 14. I	RACE — American Indian, Black, White, etc.
8	15. DECEDENT'S (Specify only highest of	EDUCATION	16e. DECEE	ENT'S USUAL O	CCUPATION	N		16b. KI	ND OF BUSIN	ESS/INDUSTI	
MPLET	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do	RTIST	auring most	t or working	g	S	elf l	Emplo	yed Artis
E COMP	17. FATHER'S NAME (First, Middle, Last THEODORE LE		R SR.				SAL	E (First, Midd	He, Maiden Sun HARTM	mame)	
TO B	19e. INFORMANT'S NAME (Type/Print)			AILING ADDRESS							
1	THEODORE T.	BEHNER SI	FK .				PAR	KWAY	CROI	FTON	MD.
	20e. METHOD OF DISPOSITION A Buriel 2 Cremetion 3 1	Removal from State	20b. PLACE AND cemeter, cremeter	DATE OF DISPOS	SITION (Nam		T / T	1-3			or Town, State
	4 Donation 5 Other (Specify)	E LICEMER	PERSON		NAME AND	MOR			ELKI	KIDGE	MD.
1 4	12 1-1	1.4									
	IMMEDIATE CAUSE (Final	11 -	on each line.	. Do not antar	the mod	le of dyle	ng, auch	aa cardiac	or reepirat	tory arrest,	Approximate Interval Betwonset and D
NOI	disease or condition resulting in death) Sequentially list conditione,	110	NOCH RASA CONSEQUE	1	1	o of dyli	ng, auch	aa cardiac	or reepirat	tory arreat,	Approximate Interval Betv
ERTIFICATION	disease or condition resulting in death)	a. LCU DUE TO (OF	on each line.	cesh Def	1	of dyli	ng, auch	aa cardiac	or reepirat	tory arreat,	Approximate Interval Betv
AL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUII TO (OF DUE TO (OF d.	R AS A CONSEQUE	CESTO	chi	he of dyli	sy Sy	aa cardlad	or respirat	поеку	Approximate Interval Betwonset and D Cockle
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUII TO (OF DUE TO (OF d.	R AS A CONSEQUE	CESTO	chi	he of dyli	sy Sy	an cardiac	C OF RESPIRAT	ITDESY	Approximate Interval Betwoen and D
: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OF DUE TO (OF d	R AS A CONSEQUE	CESTO	con lot	cause g	sy Sy	an cardiac	WAS AN AU PERFORME	ITDESY	Approximate Interval Betwonset and Docube Interval Betwonset and Docube Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Between
SICIAN: MEDICAL CERTIF	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF d	R AS A CONSEQUE	NCE OF:	e lot	Cause g	Sylven in Police	an cardiac	WAS AN AU PERFORME	ITDESY	Approximate Interval Betwonset and Docube Interval Betwonset and Docube Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Betwonset Interval Between
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	a. DUE TO (OF BUILDING AND AND AND AND AND AND AND AND AND AND	RAS A CONSEQUE	NCE OF:	e of Care	CBUSE G	Sylven in Polating of States of Sylven in Polating of Sylven in Po	an cardiac	. WAS AN AU PERPONME	ITDESY	Approximate Interval Betwonset and D Cocole 1 1/2 91 24b. WERE ALTOPSY FIND MAILABLE PHIOR TO COMPLETION OF CALL OF DEATH? 1 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sequentially search to the significant conditions are sequentially search to the sequence of the sequenc	a. DUE TO (OF DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	RAS A CONSEQUED RAS A	NCE OF:	ZEL PLAN RE plan RE	cause g	Sylven in Policial ATH (Check to the sidence to the	BIT I. 24- In only one) Other (Sp. 184. DESCRI	WAS AN AUT PERPORME YES 2	TOPSY D7 CNO	Approximate Interval Betwonset and D Cocole 1 1/2 91 24b. WERE ALTOPSY FIND MAILABLE PHIOR TO COMPLETION OF CALL OF DEATH? 1 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	a. DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	RAS A CONSEQUED RAS A	NCE OF): NCE OF): NCE OF): NCE OF): NIE OF INJURY M Tarm, street, fact	iderlying 26. PLM 27. Start Home 28. WOR	cause g	tives in Policies	an cardiac And I. 24 Brit I. 24 Char (% Char (% Chy or %	a. WAS AN AU PERFORME YES 200 ON (Street and bert, State)	TOPSY CNO WAY OCCURE! Number or Ru	Approximate Interval Betwonset and Docube Conset
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	a. DUE TO (OF DUE TO (OF DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF	RAS A CONSEQUED RAS A	NCE OF): NCE OF): NCE OF): NCE OF): NIE OF INJURY M Tarm, street, fact	iderlying 26. PLM 27. Start Home 28. WOR	Cause g	tives in Policies	art I. 24 art I. 24 t only one) Other (% sed. DispCRs ref. LOCATION City or %	a. WALS AN AU PERFORME YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TOPSY ED? CNO URY OCCURE! Alumber or Flu r as stated.	Approximate Interval Betwonset and Docube Conset
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death Last 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 VES 2 NO 27. NANNER OF DEATH 1 Nigures 5 Pending Investigate 1 Nigures 5 Pending Investigate 1 Nigures 1 Nigur	a. DUE TO (OF b. DUE TO (OF d.	R AS A CONSEQUED R AS A CONSEQUED R AS A CONSEQUED R AS A CONSEQUED RA	C SC IN NOTE OF STATE	iderlying 26. PLM 27. Start Home 28. WOR	Cause g	ives in Principal	art I. 24 art I. 24 t only one) Other (% sed. DispCRs ref. LOCATION City or %	a. WALS AN AU PERFORME YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TOPSY ED? CNO URY OCCURE! Alumber or Flu r as stated.	Approxime Interval Be Onget and Court and Court and Life Grant and

ROSHL E

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTA	AL HYGIEN REG. NO				
- 14	1. DECEDENT PNAME (First, Middle, Last)	H Rolli	75			2. DATI	E OF DEATH	AY 9	YEAR 2	0928	ATH A N
	4. SOCIAL SECURITY NUMBER	40.00	(In yrs. lest birthdey)	IF UNDER 1 YEA			OF BIRTN ith, Day, Year)	8	. BIRTNP! Country)	ACE (State or	Foreign
	579-10-7134 9a. FACILITY NAME (If not institution, give a	1 M 2 F 72	YRS.	an CITY TOW	/N OR LOCATION OF I	OCT	. 31,	1919 W			. D.(
H	ST. MARY'S HOSPI			71.7	ONARDTOWN			9c. COUNT			
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT							ST.	MAK	1.8	
DIRE	100		10e. CH	TY, TOWN OR LO						od. INSIDE CI LIMITS?	
AL C	100. STREET AND NUMBER	ST. MARY'S		ST. IN	IGOES 101. ZIP CODE			100. CITIZE		YES 2	Λ
IER/	STAR ROUTE, BOX	26			20684				S.A.		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. W. W. T.T.	2 NO	If yes,	DECENDENT OF HISP/ apocify Cuban, Marke (ES 2 NO Spec	ANIC ORIGI	N? (Specify Yar Rican, etc.)		Black, Specify:	- American In White, atc.	dlan,
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPA work done during		16	b. KIND OF BU	SINESS/INDUS		HITE	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)							
COMPL	12 17. FATNER'S NAME (First, Middle, Leet)	1	ELECTRI	CAL TE	CHNICIAN			SERVI	CE		
_	ROBERT HARRISON	ROLLING			18. MOTNER'S N			,			
BE	19a. INFORMANT'S NAME (Type/Print)	KOLLING	19b. MAILING	ADDRESS (Stre	et and Number or Rural		LIZABE'			Y	
2	MRS. MABEL G. ROL	LINS			BOX 26,					D 2068	3/1
	20a. METNOD OF DISPOSITION 1 Surlal 2 Cramation 3 Ram	oval from State 20b	PLACE AND DATE	OF DISPOSITION	(Name of	DAT		CATION - CIT			34
	4 Donation 5 Other (Specify)	1 \$	T. MICHA	-		1/4	4 RII	OGE, M	ARYL	AND	
	EDWARD N. BRINSF	my	00052	BRI	NSFIELD F BOX 279	UNERA				AND 20	0650
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A		efan	-tong imsis unsca					Onset ad	io Daati
MEDICAL	PART II. Other significant condition Dickets LTPBIO	e contributing to death be MeCG/	ut not rasulting	in the undariy	ring cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	A C	ERE AUTOPSY MILABLE PRIO OMPLETION OF F DEATH?	R TO CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	reem t.		20	PLACE OF DEATH (C	hook onto o			L		
SIC	EXAMINER?	HOSPIPAL:	etlent 3 🗆 DOA	OTHER:	ome 5 - Residence						
PHY	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. 1	INJURY AT WORK?	7	SCRIBE NOW II	NJURY OCCUP	ED		
84	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, fectory, of	ffica	28f. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Rou	te Number,	
COMPLET		CIAN: To the beat of my knowl R: On the beals of examination							euse(a) a	nd mannar aa	stated,
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	MGG	_		29c. LICENSE NU	MBER				onth, Day, Year	7
2	30 NAME AND ADDRESS OF DEDOCAL VALUE	COMPLETED CAMES OF	ATAL 417700	-100	D36	,20	6	D 9	10/9	2	
	30. NAME AND ADDRESS OF PERSON WHO	D.M.	C-25A	nj) LE	ONAR	DTOWN,	MARYL	AND	20650	
	31. DATE FILED (Month, Day Year) 6	32. REGISTRAR'S SIGN	undson-Ran	delle							



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Allen W.Ditto, M.D.

31. OATE FILED (Month, Day, Year)

JAN 06 1992

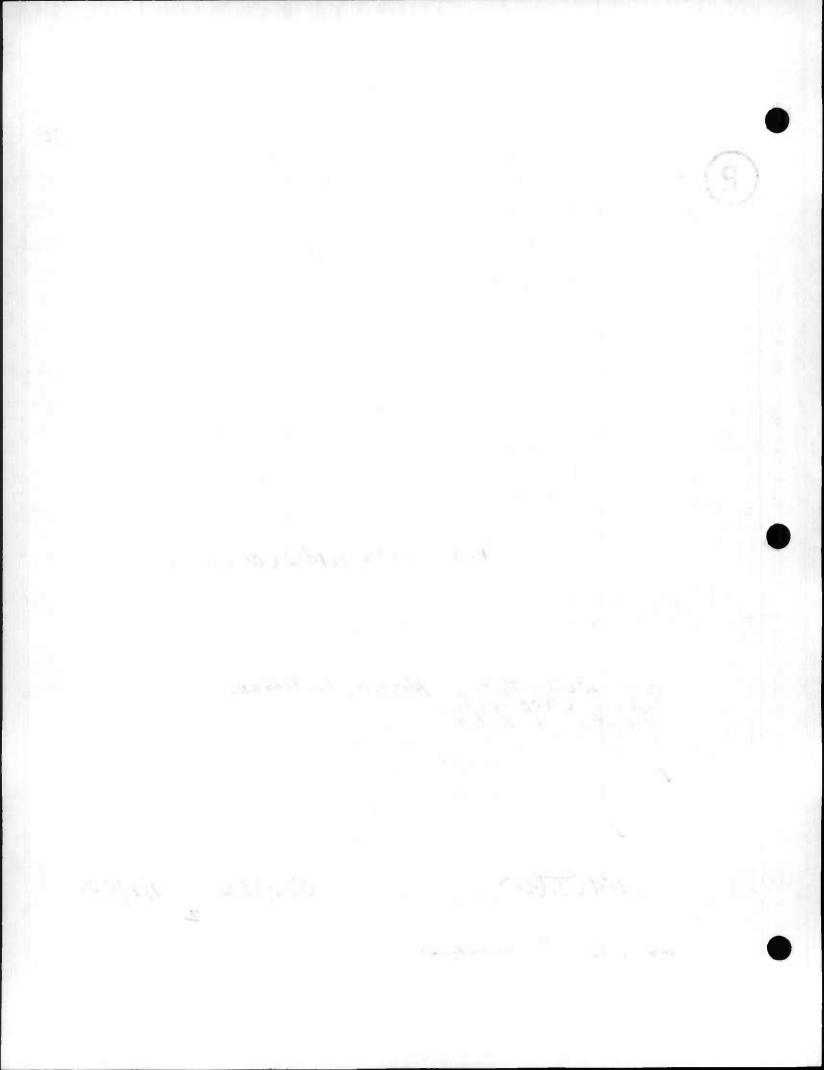
TO BE COMPLETED BY FUNERAL DIRECT

FOR	STATE OF MA	DVI AND /	DEDAG	78458	T 05 11		AND I				0	0706 =
1 - STATE REGISTRAR	STATE OF MA	CE	ERTIF	ICAT	E OF	DEAT	AND N		IYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		_	3. TIME OF DEATH
William	Granvill	е	S	OCKS				Janua	rv 3	,199	2 YEAR	0400
4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH	,	e. BIRTI	HPLACE (State or Foreign
219-07-0291	1 💢 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 2		17	Mar	vland
Se. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	R LOCATIO	ON OF DE		,,,,,	7	INTY OF E	
20 Hoffman Drive				Wi	llia	mspor	rt			WAS	HING	TON
10a. STATE 10b. COUN	TY		10c CIT	Y TOWN	OR LOCAT	ION						
Maryland Wash	nington				mspo	rt						10d. INSIDE CITY LIMITS? 1 YES 2 NO
					101	ZIP CODE						WHAT COUNTRY?
20 Hoffman Drive							795			_	SA	
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X N	MED NO		If yes, sp	ENDENT O Helfy Cuber 2 X NO	n, Maxican	C ORIGIN? (S , Puerto Rica	pecify Yes n, etc.)	or No—	Blac	E — American Indian, k, White, etc. ify: 1 te
15. DECEDENT'S ED	UCATION	16e DF	CEDENT'S	IISUAL C	CCHPATIC	M.		Teb VIII	D OF BUS	NA FOO WAY		rte
(Specify only highest grad Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Gi	ive kind of a Do NOT us	work done se retired.)	during mo	st of workin	g	100. KIN	OF 805	INTESS/IN	DUSTRY	
12	College (1-4 of 5+)	Fi	nish	er				Fu	rnit	line	Manu	facture
17. FATHER'S NAME (First, Middle, Last)			111011			18, MOTH	IER'S NAM	E (First, Middl			Harra	Tactar c
George	Michael	S	ocks			Re	ena				No	well
19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AOORES	S (Street a	nd Number	or Rural A	oute Number, (aty or Town	, State, Zij		
Elizabeth V.Soc	cks	2	0 Ho	ffma	n Dr	ive V	Villi	amspo	rt,M	D 21	795	
20s. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☐ Cremetion 3 ☐ Rail	mount from State	20b. PLACE	ANO DATE	OF DISPOS	SITION /Na	me of		DATE			City or To	wn, State
4 Donetton 5 Other (Specify)	noval from State	Boons	Doro	Cem	eter	y '	1/6/9	92	Boo	nsbo	ro,M	D 21713
21. SIGNATURE OF FUNERAL SERVICE L	Mana	_		0	SBOR		JNER/	L HOM Willi		ort	MD 2	1795
23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due to (of	aused tha de Dn each lina	OLENCE OF	not enter	r tha mo	de of dyl	ng, auch	as cardiac	or raspli	ratory ar	rest,	Approximata Interval Between Onset and Deat
that initiated events resulting in death) LAST	d	AS A CONSEC										
PART II. Other significant condition Bharmator Courier o	Seoingly	ath but not n	eaulting I	n the u	4	Vact	LINE	416n1	YES 2	MED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL / EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Chec	k only one)				
1 YES 2 NO	1 Inpatient 2 E			4 🗆 Nur		5 🗆 Res	sidenca 8	Other (Sp	eclfy)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	IURY Year)	28b. TIM	E OF URY M	28c. INJU WOI 1 Y	DRY AT RK? ES 2		28d. DESCRIE	E HOW IN	JURY OC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, atc	IJURY — At hor . (Specify)	me, farm, s	straet, tec	tory, office			28t. LOCATIO City or To	N (Street ei wn, State)	nd Number	or Rural F	Route Number,
	SICIAN: To the best of my											. en lucesuror de la
29b. SIGNATURE AND THE OF CERUIS	0.1	and state of the	vangau	., ні тпу с	aprintion, de		NSE NUME		pieca, and			(Month, Day, Year)

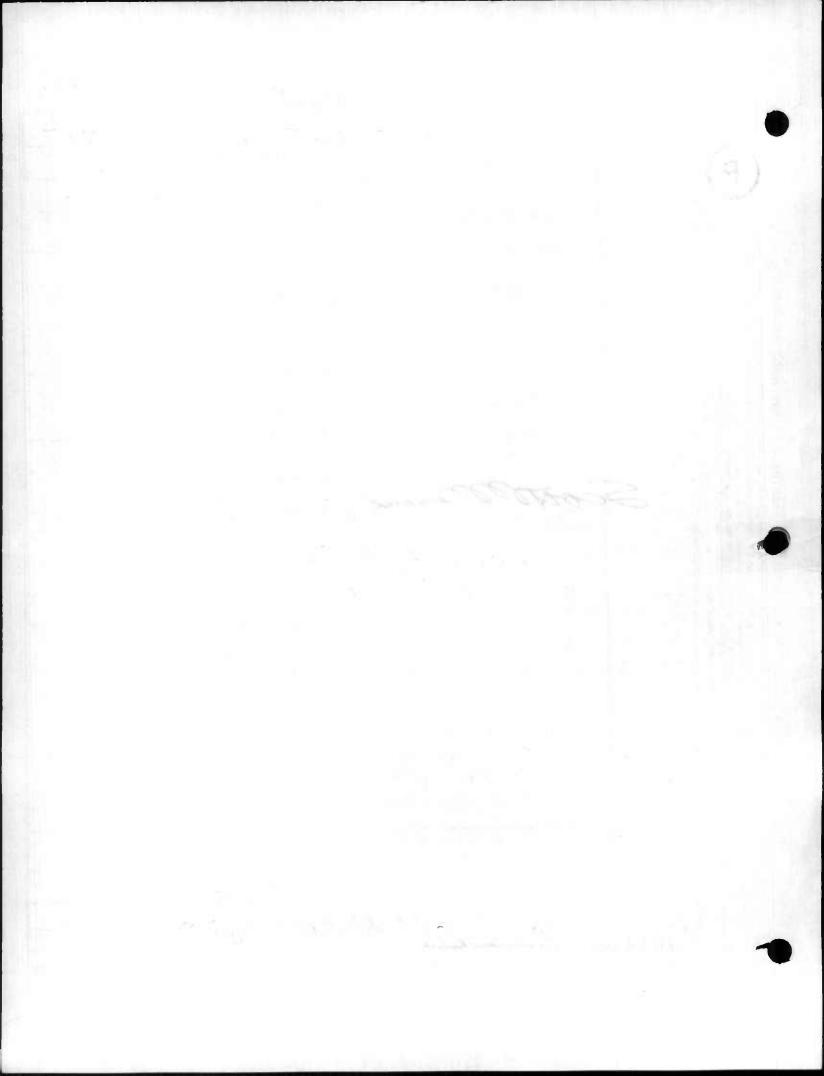
LETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

1610 Oak Hill Ave.

Hagerstown, MD 2174

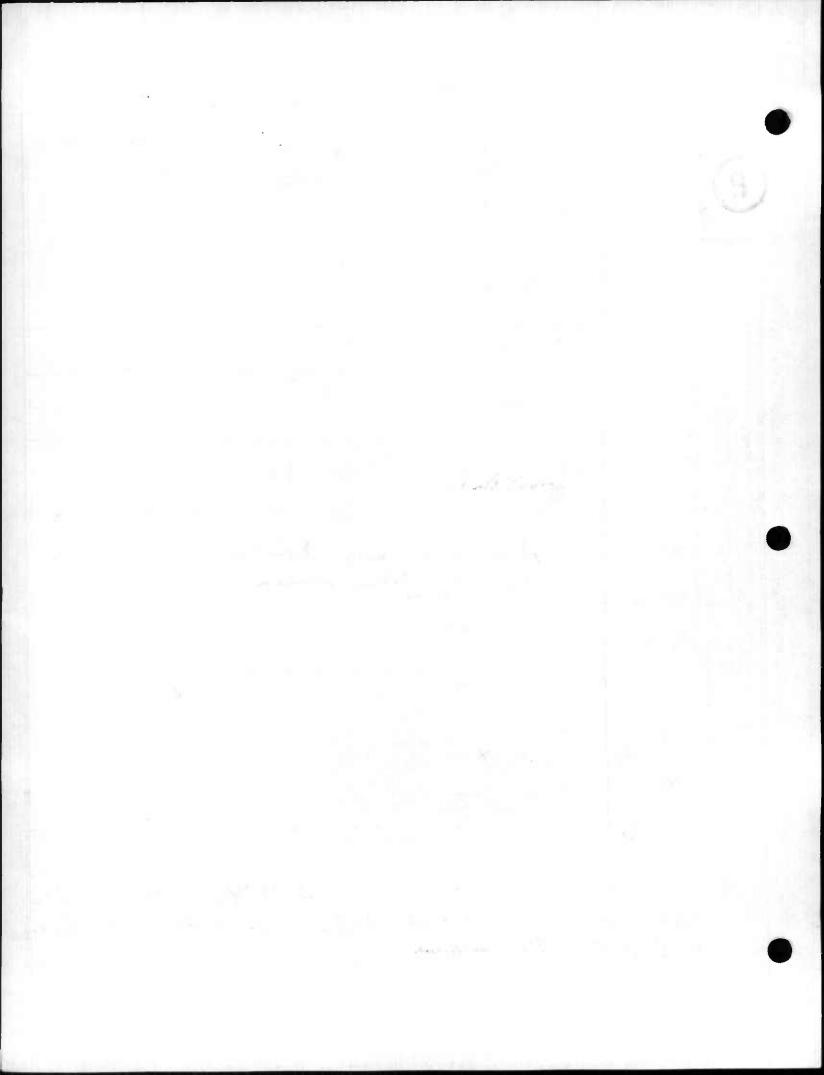


	1. DECEDENT'S NAME (First, Middle) L	Edward Leon SQ		HT.		REG. NO. 2. DATE OF DEATH		3. TIME OF DEA
	Edward	Lawara Leon 5	Childy	KLE	cht	MONTH DA		YEAR 1945
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Fit
1)	214-09-6250		/8 YRS.	DAYS DAYS		Sept. 21,	1913	Wmsp., Mar
E O	9a. FACILITY NAME (If not institution, g Washington Cou			Hager	OR LOCATION OF DEAT	тн	111	y OF DEATH
18	RESIDENCE OF DECEDENT						00),
DIR		ashington		TOWN OR LOCA				10d. INSIDE CITY
RAL	Maryland W	asiiington		agerst	1. ZIP CODE		10g. CITIZE	1 (X) YES 2 [
Ä.	733 Spruce Str	eet			21740			USA
FUNER	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPANIC pecify Cuben, Maxican,	ORIGIN? (Specify Year Puerto Rican, atc.)	or No- 14	I. RACE — American Indi Black, Whita, alc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	AIES	1 U YES	3 2 XNO Specify:			Specify: White
ETED	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S US	k done during mo	ON ost of working	16b. KIND OF BUS	SINESS/INDUS	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Metal	Dispen	ser	Danaha	2442	
COMPL	17. FATHER'S NAME (First, Middle, Last)		110001	DISPON		Pangbo		
ш	Vernon Schildt	knecht			Irene Go		,	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural Roo	ute Number, City or Town	n, State, Zip Co	ode)
	Catherine Schi					gerstown,		
	1 Burlal 2 Toremetion 3 F 4 Donation 5 Other (Specify)	temoval from State	PLACE AND DATE OF I letery, crematory or other lagers town	Crema	tory 1-3			y or Town, State m, Marylan
	21. SIGNATURE OF FUNERAL SERVICE				ND ADDRESS OF FACIL			
	1 200	20000	Unne					m, Md. 217
	disease or condition reaulting in death)	ROSDI	rito,	Fall	/ Ne			intarvai B Onset and
RTIFICATION		b. SPLOR AS A	CONSEQUENCE OF):	tall Lysen	ire va.			
CERTIFICAT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. SPUR OF AS A c. DUE TO (OR AS A d.	CONSEQUENCE OF):			art i. 24m. WAS AN. PERFOR 1 □ YES 2	MED?	Onset and Onset
MEDICAL CERTIFICAT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SPUR OF AS A c. DUE TO (OR AS A d.	CONSEQUENCE OF):			PERFOR	MED?	Onset and Onset and 24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF C
SICIAN: MEDICAL CERTIFICAT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SPUE TO (OR AS A DUE TO (OR AS A d	CONSEQUENCE OF): ut not resulting in t	the underlying	g cause given in Pa	PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?
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hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF I	EALTH AND	MENTA	L HYGIEN	Ε	U	700
	1. DECEDENT'S NAME (First, Middle, Last) Walter	Russell		SNYDER		2. DATE	OF DEATN	y / y	FEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 705- 10- 5721	1 🕅 M 2 🗆 F 84	yrs. lest birthdey) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aud	of BIFTIN Qust 1	1:	DIETEL	White
TOR	9a. FACILITY NAME (If not institution, give s Washington Col			96. CITY, TOWN Hagers	DEATN	9c. county of DEATN Washington				
DIRECTOR	Maryland 10b. COUNTY W	ashington	10c. CIT	10c. CITY, TOWN OR LOCATION Hagerstown						10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	21642 Black Ro			101. ZIP CODE 21.740						hat country?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	II yea, ap	ecity Cuban, Mexic 2 NO Spec	an, Puerto I	I? (Specify Yes Rican, etc.)	or No- 14	Black,	- American Indian, White, alc. White
PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	USUAL OCCUPATION WORK done during more retired.)	st of working		wblic				
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Jacob Leste	er Snyder			18. MOTHER'S N	AME (First, F	Middle, Malden ce Sha	sumame) Mberge	er	
TO B	19a. INFORMANT'S NAME (Type/Print) Irene L. Snyder	r	19b. MAILING 21	ADDRESS (Street of 642 Black	nd Number or Rure ROCK 1	Rd.,	oer, City or Tow Hagers	n, State, Zip Co	Md.	21740
	20a, METNOD OF DISPOSITION X Burlel 2 Cremation 3 Remo	Be	tery, crematory or o	of disposition (Na ther placs) Ceme		-6-92		cation - city		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Old National								onal Pike 21713	
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	raley :	0.00			retory arrest		Approximate Interval Between Onset end Desth
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	scontributing to deeth but	t not resulting	in the underlyin	g cause given in	Pert I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only on	•)			
14S	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output			5 🗆 Residence	7				
BY P	Netural 5 Pending	(Month, Day, Yesr)	28b. TIM		RK?	28d. DE\$	CRIBE HOW II	IJURY OCCUR	ED	
	2 Accident Investigation 3 Suicida 6 Could not be datermined	28a. PLACE OF INJURY — building, etc. (Specify					ute Number,			
COMPLETED	29a. CERTIFIER Check only one) CERTIFYING PNYSIC	CIAN: To the best of my knowled R: On the basis of examination of	dge, death occurre	ed at Iha Iime, data n, in my opinion, d	and place, and du	a lo lhe cau	se(s) and men	ner as stated.	ause(s)	and manner as stated.
TO BE C	296 SIGNATURE AND TITLE DF CERTIFIER	7. Price	J							Month, Day, Year) 4. 1992
	GCOR/A	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print) MD	. 3	66	Mil	e ST	. #	AG GESTON
	JAN Q 6 1992	32. REGISTRAR'S SIGNAT								



AND 21203-31	he hospital or attending	detached for use as the	once.
BALTIMORE, MARYLAND 21203-31	Page 6 may be retained by t	al director, page 5 should be	ner must be notified at
•	within 2 sours after death.	pletely filled in by the funera premation, or removal.	ent, the medical exami
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	a death certificate be executed	he attending physician and com Wental Hygiene prior to burial, (jury, or other traumatic ev
VITAL RECORDS	SIAN: The law requires that th	rtificate has been signed by the State Dept. of Health and	or item 23 shows any in
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Jowes

	FOR		STATE OF MARYL	AND / [DEPARTMENT	r of h	EALTH AND N	MENTAL HYGIEN	E	92	00709
	1 - STATE REGISTRAR			CE	RTIFICATI	E OF	DEATH	REG. NO.	_	26	00/09
1	1. DECEDENT'S NAME (First,							2. DATE OF DEATH MONTH , DA	IA.	_XEAR	3. TIME OF DEATH
	ETHEL	A. 5	CHULTHEI	5				01-0	2 -	92	0140 m
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birth					1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
N	073-28-4833		1 - M 2 DF 9	0	YRS. MONTHS	DAYS	HOURS MIN.	12-21.	-01		York
11	9a. FACILITY NAME (If not ins	titution, give str					R LOCATION OF DE			NTY OF D	
<u> </u>	SHADY GROVE ADVENTIST HOSPITAL					CKV	ILLE,	MD	M	ONT	GOMERU
DIRECTOR	RESIDENCE OF DEC							1 10	, ,		
#	10a. STATE	10b. COUNTY			10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MD	Mont	gomery		Gathers	sbur	3				1 TYES 2 NO
AL	10a. STREET AND NUMBER		_			101	ZIP CODE	_	10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	Asbury Meth	odist	Village				20877		U	.S.A.	
5	11. MARITAL STATUS	I	12. WAS DECEDENT EVER IN					IC ORIGIN? (Specify Yes	or No-		— American Indian,
	1 Never Married 2		FORCES? 1 YES				ecify Cuben, Maxicas 2 NO Specify	n, Puerto Rican, atc.)		Specif	t, While, etc.
ВУ	3 🔀 Widowed 4 🗌 Divor	ced									White
		EDENT'S EDUC		18a. DEC	EOENT'S USUAL O	CCUPATIO	ON et of working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
<u> </u>	Elemantary/Secondary (0-		College (1-4 or 5+)	life. E	e kind of work done Oo NOT use retired.)	donny mo	St or working				
릴				Boo	keeper			Priva	te I	ndust	cry
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)		_			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
ВС	Unk	nown					Unl	mown			
0	19a. INFORMANT'S NAME (7)			19b.	MAILING ADDRES	\$ (Street a		Route Number, City or Tow	n, State, Zi	lp Code)	
2	Robert B. J	ohnsor	1	1 4	05 Seve	rnsi	de Brive	Severna P.	Ark 1	MD 21	146
	20a. METHOD OF DISPOSITA	ON	206	. PLACE O	F DISPOSITION (N		metery, crematory or			- City or To	
	1 S Buriel 2 Cremetio			other plac		omo r	ial PArk	Do	YCOT!	Me	2
	21. SIGNATURE OF FUNERAL			zaucy			ND ADDRESS OF FA		rsey	, Mc	1
	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	1	12					49	5 Ri	tchie	Highway
	you	a.	Jana	~) Ba.	rran	co Funera	al Home Se	vern	a PA	ck MD 21146
			omplications that cause		th. Do not enta	r the mo	da of dylng, auc	h sa cardiac or reap	iratory s	rreat,	Approximata
	IMMEDIATE CAUSE (Fin		let only one cause on e	ech lins.							Interval Between Onset and Death
	diseese or condition	-	Comma	-La	10 Harry Failur			110-			Durage
l	disease or condition resulting in death) s. Ougstile tear truitus							416			a gears
-									2-3 WK =		
<u>o</u>	Sequentially liet conditions, Dist to (or as a consequence of):										
ERTIFICATION	cause. Enter UNDERLYI	NG	Gastro	MS	to (time	20	10/100	1 1055			2-3WK5
E	CAUSE (Disesse or Inju that initiated events	ν,	DUE TO (OR AS					1-00			
F	resulting in death) LAS	T .									
빙											
4	PART II. Other significa	nt condition	e contributing to death b	out not re	aulting in tha u	ndariyin	g ceuse given in	Part I. 24a, WAS AN PERFO		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	DEDTemio	1, de	il in part	40	C. 1	Oly	myalg	IZK 1 TYES :	2 NO		COMPLETION OF CAUSE OF DEATH?
	Theumas	tica				0	,				1 YES 2 NO
5											
Ž	25. WAS CASE REFERRED TO	O MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)			
S	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	patient 3	DOA A Nu		na 5 🗆 Residence	8. Other (Specify)			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 248. WAS AND PERFO 1 YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 RO 1 No PITAL: 2 No PITAL: 2 No PITA									INJURY O	CCURED	
		Pending	(Month, Day, Year)		INJURY		ORK? YES 2 NO				
В	A CONTRACTOR	Investigation	28e. PLACE OF INJURY	Y — Al hon	ne, farm, street, fac			28f. LOCATION (Street	and Numb	er or Rural i	Route Number,
		Could not be determined	building, stc. (Spe	icify)				City or Town, State)		
Ш	29e. CERTIFIER									_	
MP	(Check only		CIAN: To the best of my know								
COMPLETED	2 MEDI	CAL EXAMINE	R: On the basis of examination	on and/or in	westigstion, in my	opinion,	seath occured at the	time, data and place, a	nd due to	tne cause(ıj and manner as stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIER	DIA-				29c. LICENSE NUI	MBER	29d. D/	TE SIGNED	(Morith, Day, Year)
0		an	MAN	TUS	Y	n	072	31		1-2	2-42
100	30 NAME AND ADDRESS OF	WAY SEPTEMBER WAY	O COMPLETED CAUSE OF DE	EATH ATEN	OT (Trees Owled)						

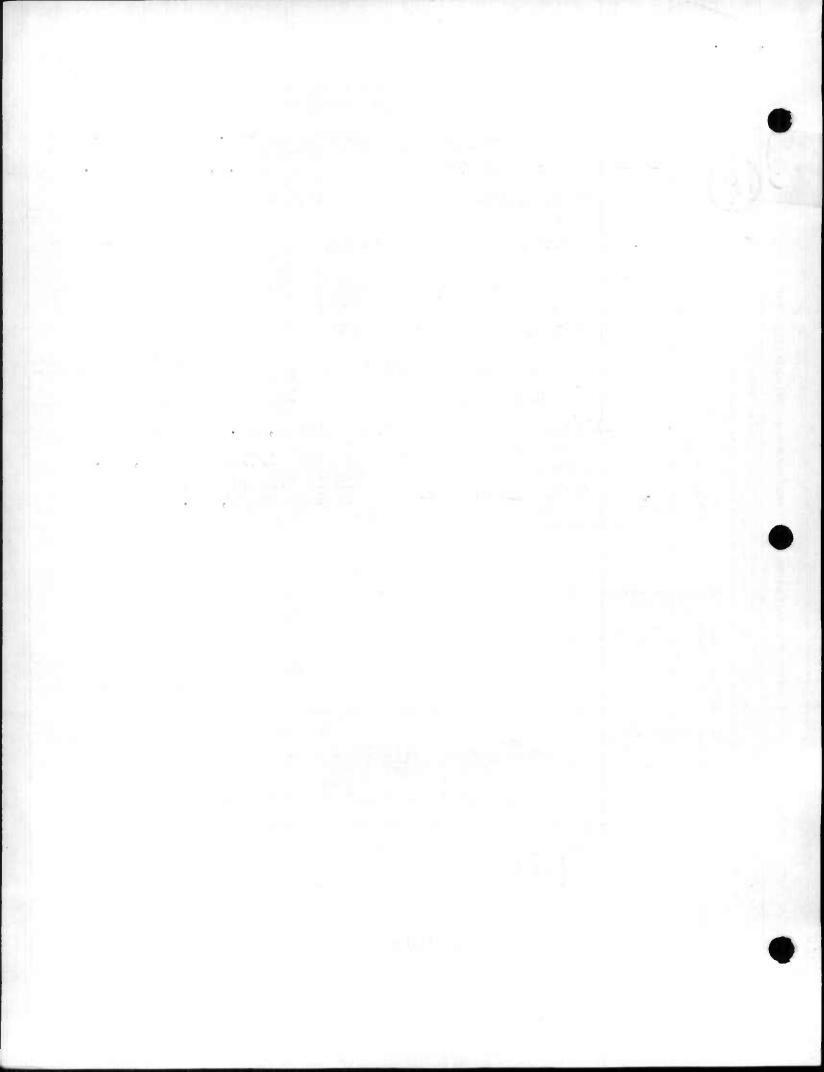
האדו והאור האורו האורו	urs after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. DOX 13149,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

(Charles	"				DEATH	2. DATE OF DEATH	2, 199	"XEAR 3	TIME OF DEATH
	Edward S						2, 199		8 Ja
4. SOCIAL SECURITY NUMBER 220-09-4325	5. SEX 1 00 M 2 D F	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 13,	1915	6. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give Baltimore Co		spital			allstown			Balti	
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT Md	Baltimor	re	10c. CIT	city, town on Location Reisterstown			10d		
100. STREET AND NUMBER 614 Be	everly Ros	ad		10	10f. ZIP CODE 21136 10g. CITIZEN OF WHA			AT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TONO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: White, etc.					- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad		16a. C	DECEDENT'S	USUAL OCCUPATI	ON of working	16b. KIND OF B	USINES S/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	+)		vork done during mose retired.) Room Op		Black	& Dec	ker l	lanu.
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	IAME (First, Middle, Maide	n Sumame)		-
Charles I	E. Smith,					rgaret Cur			
19a. INFORMANT'S NAME (Type/Print)		1				I Route Number, City or To			
Nancy Luther			2044 (Old West	minster	Pike, Fin	ksburg	, Md.	. 21048
20a METHOD OF DISPOSITION 1 Burlat 2 Cremetion 3 Red 4 Donatton 6 Other (Specify)	movat from State			Valley M		dens1/04/9	ocation —		
21. SIGNATURE OF PUNERAL SERVICE L	Vin &	_		Ec		Funeral Ch sterstown	-		2111
IMMEDIATE CAUSE (Finel dissess or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONS OOR AS A CONS OOR AS A CONS	EOUENCE O	F):		tarka			
that initisted events resulting in deeth) LAST	d.								
that initisted events	d. ons contributing to		t resulting	in the underlyin	g cause given i	Pert I. 24a. WAS / PERF	AN AUTOPSY ORMEDA 2 NO.	0	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
PART II. Other algnificant condition			t resulting			PERF	ORMEDA	0	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	rine		26. P OTHER:	LACE OF DEATH (PERF 1 YES	ORMEDA	0	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpatient	3 □ DOA	26. P OTHER: 4 \(\text{Nursing Hor} \)	LACE OF DEATH (PERF 1 YES Check only one) 8 Other (Specify)	2 NO.	1	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant conditions of the con	HOSPITAL: 1 Inpatient 29 28a. DATE Of (Month, D	EB/Outpatient FINJURY Day, Year)	3 DOA	26. P OTHER: 4 \(\to \text{Nursing Hor} \) E OF JURY M 1 \(\text{URY} \)	LACE OF DEATH (inc. 5 - Residence JURY AT DRK? YES 2 - NO	Check only one) e 8 Other (Specify) 28d. DESCRIBE HOV	2 NO.	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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10e. STATE 10b. COUN	TY		10c. CITY, TOW	OR LOCATION					10d. INSIDE CITY LIMITS?
	icker		Th	omas.					1 TYES 2 NO
10e. STREET AND NUMBER				10f. ZIP (CODE		10	0g. CITIZEN OF	WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN			3. WAS DECENDED If yes, specify C	NT OF HISPAN	IIC ORIGIN?	(Specify Yes or	No — 14. RAG	CE — American Indian, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YES 2 🙀			,	Spe	icity:
15. DECEDENT'S ED	UCATION	18a. DECI	EDENT'S USUAL	OCCUPATION		16h K	IND OF BUSINE		hite
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Ghve	kind of work dor to NOT use retired	e during most of w	orking	100. K	IND OF BUSINE	ESS/INDUSTRY	
12th			Gau	rd			Sec	urita	gaurd
17. FATHER'S NAME (First, Middle, Last)					OTHER'S NAI	ME (First, Mid	dle, Maiden Sun		Baura
Walter	Snyder				Eliz	abet	h H	rtman	
9e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	SS (Street and Nur					
Jean Collins	5		ox 15	_	omas.			292	
Republic Comments of the Comment of	noval from State	20b. PLACE AN	DDATEOFDISP	OSITION (Name of		DATE	7	ION — City or 1	Town, State
Donetion 5 Other (Specify)	A	ROSE	Fig. 1 1 1 place	demeter	ry 1	17/9	The	omas,	WV.
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23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Pneumonia	on eech line.	h. Do not ent	Box 18	36 D	avis	. WV.		
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

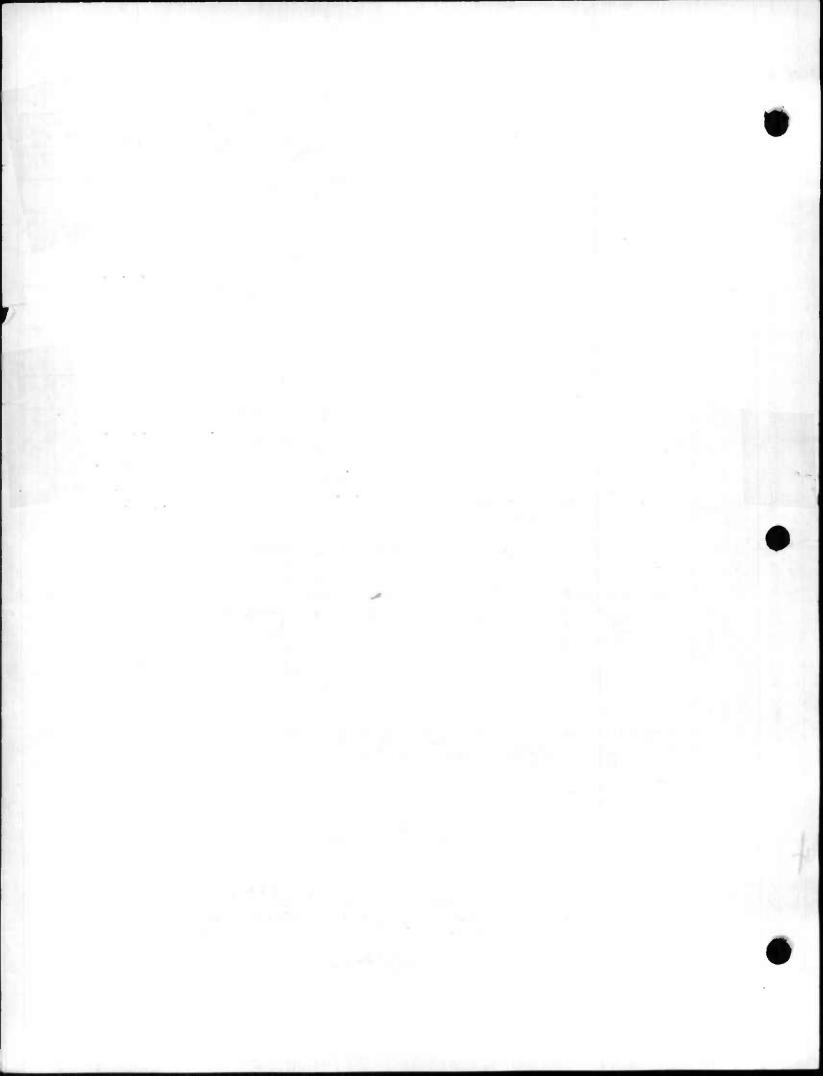
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MUSYTAL UM ALLENDING PHYSICIAN: THE LAW FEQUIFES THAT THE GEATH CENTHORIE DE EXECUTED WITHIN 24 HOURS After Geath. Page 6 may be retained by the hospital or attending phys	3AL	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MANT. If them 28 is marked or item 23 shows any injury or other transmits event the modified available madely
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH ALLEN WEB STER 10-45 A 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 105-07-5168 (Manth, Pay, Year) Virginia 1 M 2 F YRS. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore City LE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3121 Mondawmin Avenue 21216 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest g 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Retired Rail Road 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles J. Allen Elija Fauntleroy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Delores Morton 8366 Beechwood Park Rd. Balto., MD. 21122 20 METHOD OF OISPOSITION
1 N-Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, Sista 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Arbutus, MD. Mem. Park 1-18-92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY E.L.Phillips F/HBalto., MD. 21217 1721-27 N.Monroe ST #281 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or haart fallure. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final Onset and Death +SPIRATION disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): eshimtor CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF) if any, faading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 8 □ Other (Specify) 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE THE DO THE DO FINE DO ·mi Stat 19568 ~ 0 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) LUBERTY L+ CIBERTY Medical center 2600

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely
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C	cate	physic
5	certif	ding
7.	death	aften
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2	DR A	DIREC
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	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIEN	E	92 007				
2000	1. DECEDENT'S NAME (First, Middle, Last) ETHEL ARONOVIC		2. DATE OF DEATH MONTH DA	Y YE.	3. TIME OF DEATH				
		# UNDER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, 164)	1917	BIRTHPLACE (State or Foreign Country) Indiana				
OR	Hebrew Home of Greater Washington	96. CITY, TOWN OR LOCATION OF DE ROCKVILLE	ATH	9c. COUNTY OF GEATH Montgomery					
DIRECTOR		TOWN OR LOCATION LKVILLE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6121 Montrose Road				OF WHAT COUNTRY? S. A.				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S., ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES NO Specify:			RACE — American Indian, Black, White, etc. Specify; Whate				
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	rk done during most of working	16b. KINO OF BUS	Home	RY				
BE COM	17. FATHER'S NAME (First, Middle, Last) Nathan Green	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
TO B		19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
	20s. METHOD OF DISPOSITION W. Burtel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify) Matignal Canital Hebrew Cemetery Capital Heights, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Donald C. Dettunyer	STEIN HEBREW	MEMORIAL F	UNERAL	HOME, INC.				
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. MMEDIATE CAUSE (Finel) Approximate interval Between Onest and Death								
z	disease or condition and ABD OMINAL CARCINAMATOSIS DUE TO (OR AS A CONSEQUENCE OF): MOST LIKLEY OVARIAN PRIMARY								
CATIO		Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):	:							
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	28. PLACE OF DEATH (Ch							
	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY		a U Other (Specify) 28d. DEŞCRIBE HOW II	NJURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, stringly building, etc. (Specify)		281. LOCATION (Street a City or Town, State)	and Number or F	Bural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation				ouse(e) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	D36 SS		29d. OATE SI	GNEO (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, I	Print)							

RD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
PANAT PALMAR, 6(2) MONTROSE

32 REGISTRATE SIGNATURE Pandelle

31. DATE FILED (Month, Dey, Year)

JAN 16 1992

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	Pages 1	
al or attending priysician.	INVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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Dy The	d be de	d at ne
retained	5 shoul	of or New 22 shows any latter or other traumatic event, the medical examiner must be notified at once.
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death.	e funera	exami
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ATTEN	ECTOR:	STREET, 16 16am 20 in march
ITAL OR	RAL DIR 72 hour	. 16 lban
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	FOR STATE REGISTRAR	STATE OF MARYLAND /				EALTH AND N	MENTAL HYGIEN REG. NO	_		
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY	YEAR 3. T	TIME OF OEATH
	NORMA HELEN ASHL	EY					January 1			11:15 A M
- 1	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		BIRTHPLAC	CE (State or Foreign
	112-16-6307	1 □ M 2 ¬ F 65	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) March 21,	1926	Country)	York
	9a. FACILITY NAME (If not institution, give str			9b. CITY	TOWN O	R LOCATION OF DE			Y OF DEATH	
Œ	18537 Nutmeg Place			Cor	mant	- 0170		Mana		
2	RESIDENCE OF DECEDENT			Ger	mant	JOWII		Montgomery		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	ry, town o	OR LOCATI	ION			10d	I. INSIDE CITY LIMITS?
ā		tgomery	Ger	cmant						YES 2 NO
A	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
E	18537 Nutmeg Place	e				20874		USA		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF					IC ORIGIN? (Specify Ye	n or No— 1	4. RACE — /	American Indian,
-	1 Never Married 2 Married	IF YES, GIVE WAR OR DATES	NO		1 TYES	2 NO Specify	n, Puerto Rican, etc.)		Specify:	ma, etc.
ВУ	3 Widowed 4 Divorced								Whit	-e
	15. OECEDENT'S EOUC (Specify only highest grade	CATION 16a. DE (G	CEOENT'S	Work done	CCUPATIO	ON at of working	18b. KIND OF BU	SINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT u	ise retired.)						
4	12	I	Homen	naker			0	wn Hon	ie	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
BE	Winfred DeVoe					Helen	Woollett			
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILIN	G ADDRES	S (Street a	nd Number or Rural I	Route Number, City or Tox	vn, State, Zip C	lode)	
9	Dean Ashley		7400	Cols	hire	Drive,	#2, McLea	n. Va.	2210)1
	20a, METHOD OF DISPOSITION	20b. PLACE	OF DISPO			netery, cremetory or		CATION — CI		
	1 N Burtal 2 Cremetion 3 Remo	Flir		11 C	emet	erv	0	akton,	Virg	ginia
	21. SIGNATURE UNERAL SERVICE LIC			22.	NAME AN	D ADDRESS OF FA	CILITY			
- 1	> Ca	8MLa.			-	-	Vienna Fu			
_	ganese	7/17 year					Ave. Vie			
	23. PART I. Enter the diseases, or can shock, or heart fellure.	complications that caused the di List only one cause on each line		not enter	the mo	de of dying, suc	h ea cerdiec or reap	olratory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	D	+	7		000	-4			Onset and Death
	diseese or condition resulting in desth)	· NOMAJOS	Ol	Chi	'n	ans	assi			
- 1		but to jour AS A CONSE	OUENCE	OF): /	101	1				
z	-	· Renol	0	a	il	us a	·			<u> </u>
CERTIFICATION	Sequentielly list conditions, If eny, leeding to immediate	DUE TO (OR AS A CONSE	OUENCE	11/2		2				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Conn	600	X.		as	rear			
E	that initiated events	DUE TO (OR AS A CONSE	GUENCE (OF):						
E	reaulting in death) LAST	6								
	PART II. Other significant condition	a contributing to death but not	meulting	In the u	nderivln	a cause alven In	Part J. 24a, WAS A	MALITOPSV	24b WE	RE AUTOPSY FINDINGS
¥	TAIT II. Other significant condition	- Contributing to death but not	rosum	, III (110 W	ildonyini,	g cadae given in		RMEO?	AW	AILABLE PRIOR TO
ă	·						1 TES	2 NO		DEATH?
¥									1[YES 2 NO
ä										
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C)	eck only one)			
SIC	1 VES 2 NO	1 Inpetient 2 ER/Outpetient	3 🗆 DOA	4 Nu		ne 5 Residence	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF	28c. INJ	JURY AT	28d. OESCRIBE HOW	INJURY OCC	JRED	
	1 Natural 5 Pending Investigation	YES 2 NO								
II I DANGER								and Number of	or Rural Route	e Number,
TEL	4 Homicide determined		City or Town, Stat	"						
Ä	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, d	leath occu	med at the	time date	and place, and due	to the cause(a) and m	enner en stete	d.	
COMPLETE	(Critical delly	ER: On the besis of examination and/or								nd manner ea stated.
00							ervan iniera- wie-e			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BE	296. SIGNATURE AND TITLE OF CERTIFIES	70				29c. LICENSE NU	MBER			onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED OFFICE OF STREET	PM 07 C	67		X49		Jua	13	, 1994
			-m 2/1///	and P771/763						

32. REGISTELLES AGENTUM AND THE

31. DATE FILED (Month, Day, Year) 992

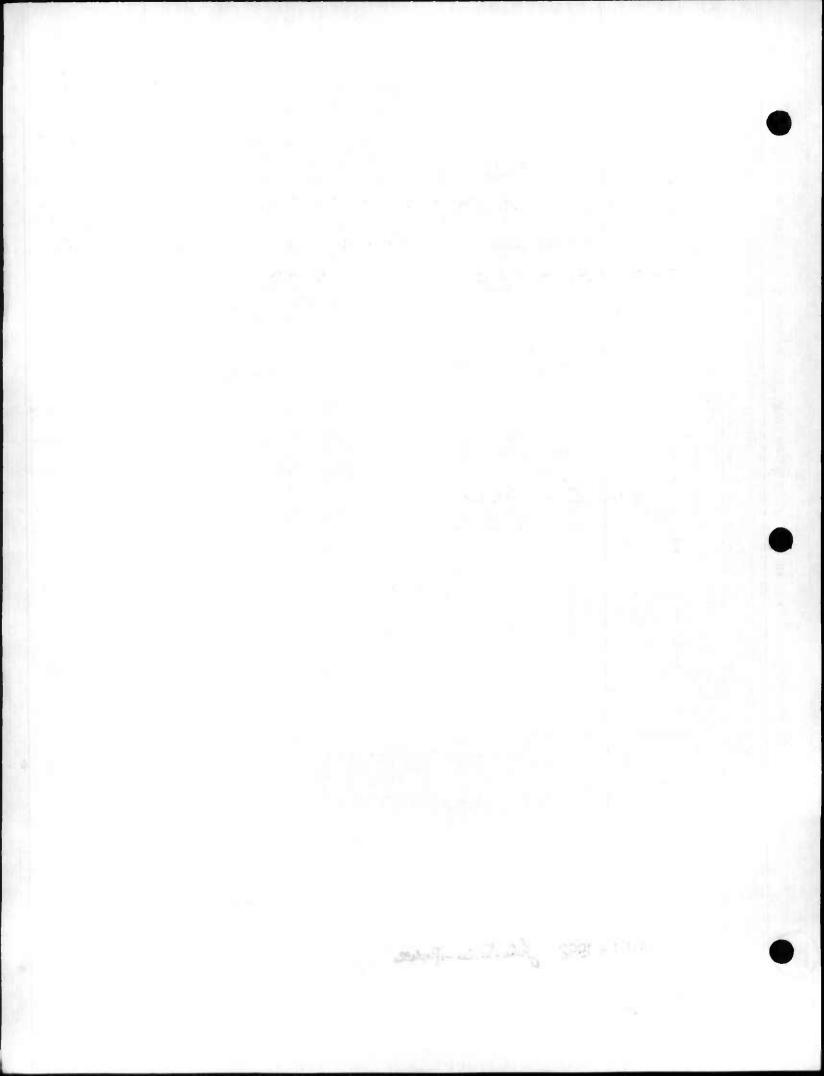
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR CTA	AP AP						92	00715
	1 - STATE REGISTRAR	ATE OF MARYLAN	ND / DEPARTM CERTIFICA			MENTA	AL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last) AUSTIN, The	elma	D.			2. DATE	TE OF OEATN	AY _	YEAR 4:33 PM
		M 2XXF 82		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	E OF BIRTH rith, Day, Year)	6	BIRTNPLACE (State or Foreign Country) Maryland
TOR	90. FACIL TY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH WASHINGTON								
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MACHAND WASHING	TAK	. 1	OWN OR LOCATI	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 14014 MARSH	PIKE	12		1. ZIP CODE 21742		· · · · · · · · · · · · · · · · · · ·	10g. CITIZE	N OF WHAT COUNTRY?
BY	3 Wildowed 4 Divorced	AS DECEDENT EVER IN U. PRICES? 1 YES : YES, GIVE WAR OR DATE	S ARMED 22 MO	If yes, spe	ENDENT OF HISPA ecity Cuben, Mexico 2 M NO Specifi	en, Puerto	iN? (Specify Yee) Ricen, etc.)	or No — 14	I. RACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondery (0-12) Colleg 12 Years	ne (1-4 or 5 +)	Give kind of work of life. Do NOT use retile. House ko	done during mos tired.)	est of working	16	sb. KIND OF BUS at	home	
ш	17. FATHER'S NAME (First, Middle, Last) William Gudenius				18. MOTHER'S NA		, Middle, Maiden	Sumame)	
TO BI	190. INFORMANT'S NAME (Type/Print) John Gotzen				ond Number or Rural Green F	l Route Nun	mber, City or Town	n, State, Zip Co	ode)
	20a, METHOD OF DISPOSITION 1 M Juriel 2 Cremetion 3 Removal from 4 Donetion 5 Other (Specify)	m State 20b. PL cemale Jen	LACE AND DATE OF DIS ary, crematory or other pusalem Luth	ISPOSITION (Na	ime of	DAT	TE 20c. LO	CATION — CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lan	Source: Local	Johns	son Fun	nera	1 Hom	е Ва	lto., MD
	23. PARTA. Enter the diseasea, or complications abock, or heart fellure. Liet only immediate CAUSE (Final disease or condition resulting in death)	ationa that caused th y one cause on each	he deeth. Do not e h line.	enter the mod	Loch R	tave thas car	n Bly rdlac or reapl	d retory erres	t, Approximeta Interval Between Onaet and Death
-		DUE TO (OR AS A CO	ONSEQUENCE OF):						S & D
CATION	Sequentielty liet conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa reculting in death) LAST								
MEDICAL CI	PART II. Other algorificant conditions contri	ibuting to death but i			ceuee given in	Part I.	24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2	□ 110	OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSP	PITAL:	ОТ	28. PL/	ACE OF OEATH (Ch	heck only o	ine)		
HYS	1 YES 2 NO 1 Inp	petient 2 - ER/Outpatie	ent 3 DOA 4	Nursing Nome	e 5 🗆 Residence	1			
ву Рн	1 D-Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b, TIME OF INJURY	M t Y	RK? (ES 2 NO	26d. DE:	SCRIBE NOW IN	NJURY OCCUP	RED
	3 Suicide a Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. DCATION (Street end Number or Rural Route Number, City or Town, State)							Rural Route Number,	
COMPLETED	2 MEDICAL EXAMINER: On the	(Check only one) 1 3 - DETTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.							euse(e) end menner ee stated.
TO BE C		entino			D L& CT				IGNED (Month, Day, Year)
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATA, MD 334 MILL ST KALBRSTOWN, MD ZIZ40								
31. DATE FILEO (Month, Day, Your) JAN 16 1992 Julia Savidson-Randelle									



DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after deat TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical example example.	h. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burlal-transit permit. Page:	miner must be notified at once.
SPITAL IN NERAL I	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page has writin 72 hours after hash with the State Deor of Health and Mental Hyclene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

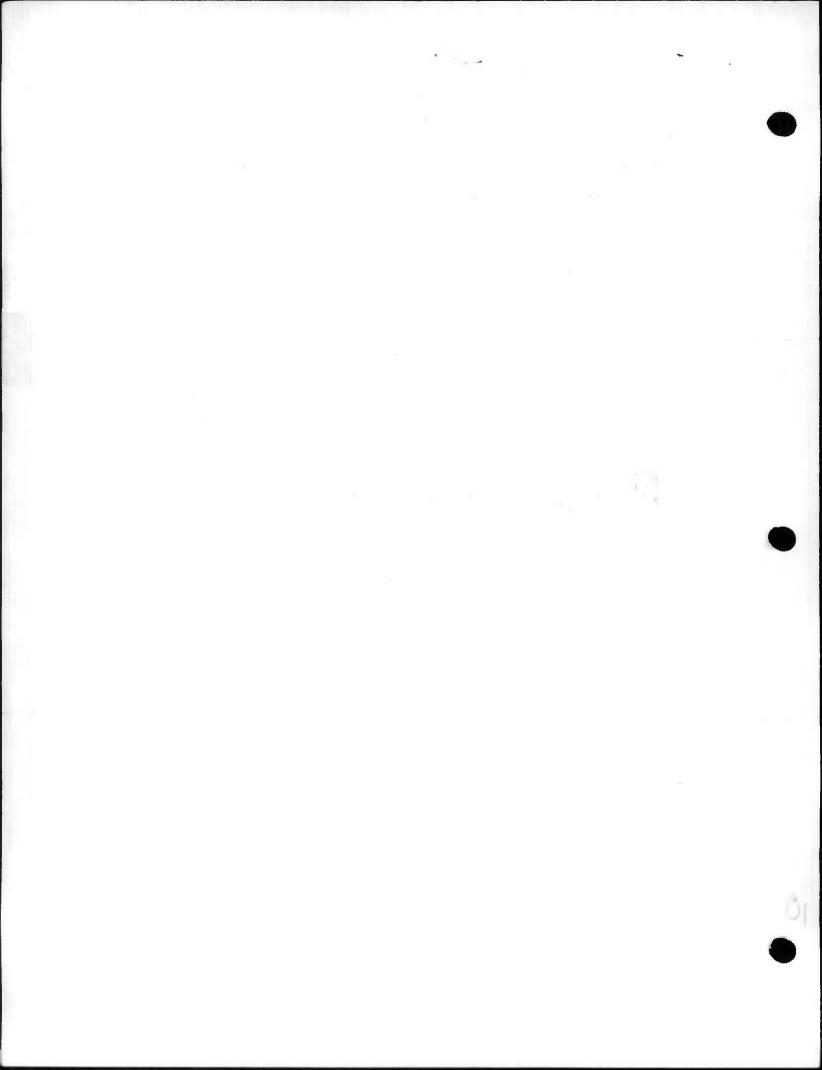
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1/13/92 1:30 p.m. David Akers 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 68 DAYS HOURS 1 XM 2 - F YRS. 167 14 2316 192B Jan.18 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore MD 1 TES 2 NO Baltimore 10g. CITIZEN OF WHAT COUNTRY? ERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21220 USA 144 Riverthorn Road FUN 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 , YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compli COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Accossi Dominica Ganissie BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
144 Riverthorn Road BAltimore Md. 19a, INFORMANT'S NAME (Type/Print) 2 21220 Thelma Akers 20a, METHOD OF DISPOSITION
1 → Burial 2 □ Cremetion 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State 1 🗠 Burial 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) of Faith 1/16/92 Rossville Md. Gardens 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 well 23. PART I. Enter the diseases or compilications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feiture. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Presumed Aspiration
DUE TO (OR AS A CONSEQUENCE OF): 15 min Cerebrovascular Accident years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO Recent splenic Abscess COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? Requiring Splenectomy 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, Clay or Fours, State) 3 Sulcide ETED 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE 1/13/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clemens, M.D. 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) . Julia Davidson-Randell

199

DHMH-16 Rev 1/89

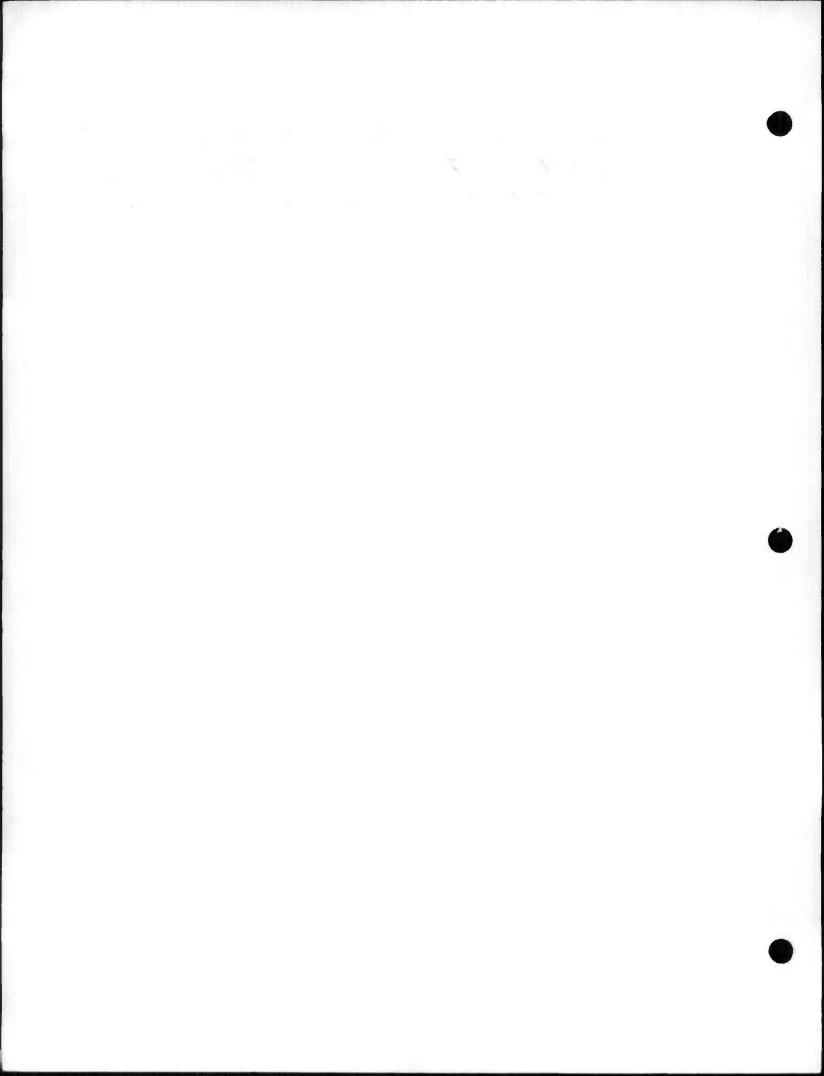


BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

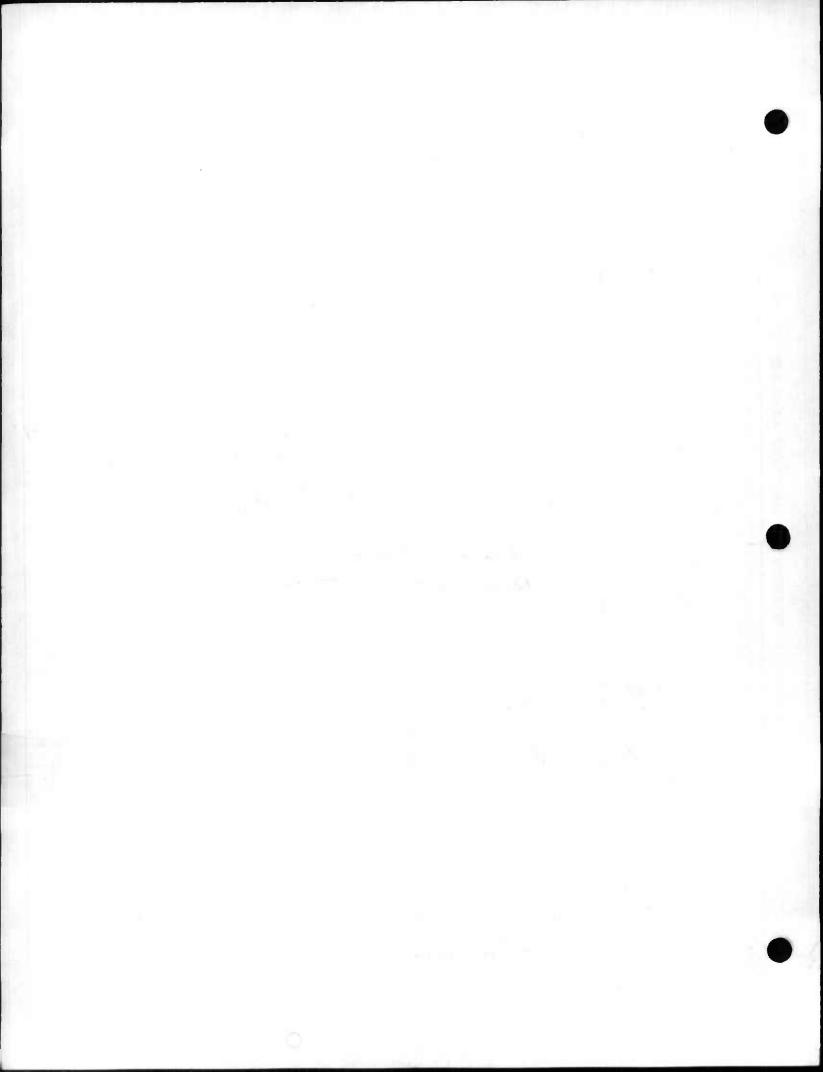
	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTMI CERTIFICA			MENTAL HYGIENI REG. NO.	E	00/1/		
	1. DECEOENT'S NAME (First, Middle, Last) Herber	+ F		1/0 n	C CA	2. DATE OF OEATH MONTH DA	Y - O YEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF ONDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) $OG-12-12$ 8. BIRTH (Month, Day, Year) $OG-12-12$									
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUN									
REC	10e. STATE 10b. COUNTY	3 4	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	Maryland Anne	Arunde1	Pasa		ZIP CODE		10a CITIZEN OF	1 ☐ YES 2 ☑ NO WHAT COUNTRY?		
RA	8438 Bay Drive			101.	21122		U.S.A			
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No— 14. RAG	CE — American Indian, ck, White, etc.		
COMPLETED	15, DECEDENT'S EDUCATIO (Specify only highest grade comp.	pleted)	18a. OECEOENT'S USU (Give kind of work of life. Do NOT use reti	lone during mos		16b. KINO OF BUS	I SINESS/INDUSTRY	Will ce		
P.E	9th Grade	ollege (1-4 or 5+)	Machinis	,		Westir	ahouse			
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden				
BEC	Wi1	liam J. Ada	ams		F1or	ence Dec	ckert			
ဥ	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AOO	RESS (Street a		loute Number, City or Town				
٦	Helene Tankersley	Lon	12 A1v			vensville,				
	20e. METHOD OF DISPOSITION 1	from State	PLACE OF DISPOSITION other place)			1	CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		oudon Park	22. NAME AN	D ADDRESS OF FAC	CILITY		Maryland		
	· Chamin	7				ce Funeral				
	23. PÁRT I. Enter the disessés, or companded in the shock, or heart failure. Litt IMMEDIATE CAUSE (Final disesse or condition resulting in death)		ch line.			h es cerdiec or reepi	ratory arrest,	Approximate interval Between Onset and Desth		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	entributing to death but a fine time the gt				Part I. 24e. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDITAL EXAMINER?	OSPITAL:		28. PI HER:	ACE OF DEATH (Ch	eck only one)				
IXS	1 TYES 2 NO 127. MANNER OF DEATH	Superient 2 ☐ ER/Outpe 28a. DATE OF INJURY	28b. TIME OF	Nursing Hom 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW I	MILIBY OCCURED			
	1) Natural 5 Pending	(Month, Day, Year)	INJURY	WC	PRK?	200. DESCRIBE NOW	MOONT COCONED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, atree	- At home, farm, atreet, factory, office 26f. LOCATION (Street			and Number or Rura	al Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	_						e(e) and menner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WAER	29d. DATE SIGN	ED (Month, Day, Year)		
3 BE	Timother &	Men	()		D374	158	1/1	3/92		
5	30. NAME AND ADDRESS OF PERSON) WHO/CO	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	()		1227				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	Ringo							



BALTIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician. rai director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BAL	the fune wal.	
	hours aft of in by or remo	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGII						
	1. DECEDENT'S NAME (First, Middle, Last) Tessée D	Bland			2. DATE OF DEATH	DAY	YEAR 11:50 M				
	244-12-3025	1 X M 2 🗆 F	S. last birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give stress Stagn 20 RESIDENCE OF DECEDENT	ospitul	9b. City,	TOWN OR LOCATION OF I	DEATN	9c. COUNT	Y OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN O				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL		wood Roa	1	101. ZIP CODE 2/22	9		N OF WHAT COUNTRY?				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO H	MS DECENDENT OF NISP yes, specify Cuben, Maxic YES 2 NO Spec	en, Puerlo Ricen, etc.)	Yea or No 14	R. RACE — American Indian, Black, White, alc. Specify: Black				
ONCE.	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 18a mpleted) College (1-4 or 5+)	DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	CUPATION uring most of working		meric	тпу				
BE CO	John Bland			Betty	AME (First, Middle, Maid Pugh						
De notifi	190, INFORMANT'S NAME (Type/Print) The ma T. Blan 200, METHOD OF DISPOSITION		4/03 /4	Street and Number or Rural	Rd	Ba 1+	o red 2/22				
examiner must be notified at once. TO BE COM	1 Surial 2 Cremation 3 Remov 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	ol from Stata cemetary	CE AND DATE OF DISPOSIT , cremenory or other blace)	ME AND ADDRESS OF F	1-17-92 /	aure	y or Town, Stata				
cai exami	> Glad	op Wan	en 4	arch &	3000	caka	eh Ave				
ant, the medi	23. PART I. Enter the diseasea, or con ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one cause on each Septic	Shock		ch es cardiec or res	spiratory arres	Approximata interval Batween Onset and Death				
CATION	Sequentielly list conditions, if any, leading to immediate	Reval Due to (or as a con	SEQUENCE OF): Failure - SEQUENCE OF):	· Acute							
injury, or other traumatic event, the medical	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):								
MEDIC	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Hypurunou Slizur durorder 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OTHER:	26. PLACE OF DEATH (CA							
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		Bc. INJURY AT WORK?	8 Other (Specify) 28d. DE\$CRIBE HOV	/ INJURY OCCUR	ED				
Z8 IS	Accident Investigation Accident Investigation Investiga										
MPURIANT: If item 28 is BE COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:	(Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	· Ned · Kess	edent.	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year) an 10-1992				
10	30. NAME AND ANDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print) HOSP (TZ)	1 ,900 C	ATON AV						
	JAN 16 1992	32. REGISTRAR'S SIGNATURI									





DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Revirs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.

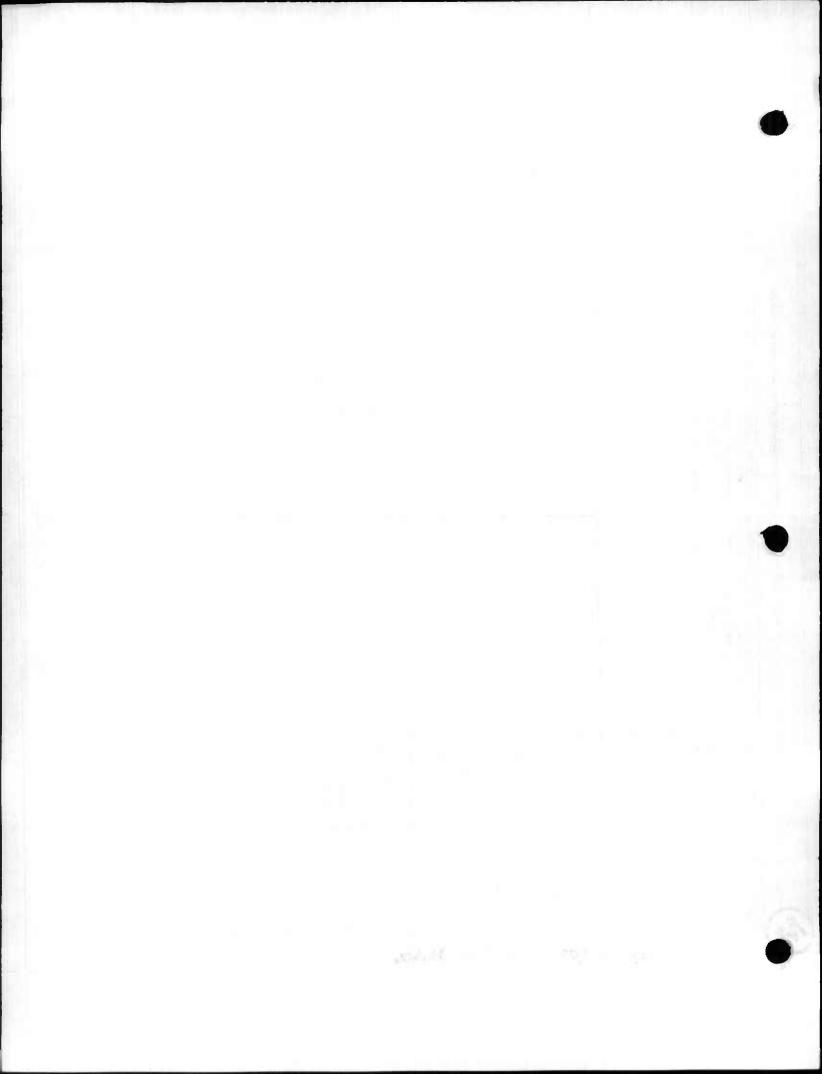
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICATE	: OF	DEA	H		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) VERNON W. BROWN]	2. DATE OF MONTH	OEATH DA	γ	YEAR	3. TIME OF OEAT	гн
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthd		4 45.5			JANUAI		. 19		10.00	Р м
	214-40-9237	1 X M 2 □ F	48 YR	MONTHS	DAY8	HOURS	MIN.	7. DATE OF (Month, D) 3-14-	BIRTH ey. Year) 10/12		8. BIRTI Count	HPLACE (State or Fo	oreign
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
OR	THE JOHNS HOPKIN	S HOSPITA	В.	BALTIMORE CITY									
E C	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN (OR LOCA	TION						10d. INSIDE CITY	,
P	Md		Ba	altimore	9						LIMITS?		
FUNERAL DIRECTOR	100. STREET AND NUMBER 410 E. Oliver Street	o†				21202	E		10g. CITIZEN OF WHAT COUNTRY?				
NE	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARMED	1 42			C 1100111	IC ORIGIN? (S		US			
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 XNO		If yes, sp	ecify Cubs	n, Mexicen	, Puerto Rica	on, etc.)	or No-	Blec Spec	E — American Indi k, White, atc. #y: Black	en,
	15. DECEDENT'S EDU	CATION	16a. DECEDEN	T'S USUAL O	CCHPATH	ON.		104 1/1	ND OF BUS		MOTEN	Drack	
F.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give kind	of work done of use retired.)	during mo	st of working	og	100, 11	ND OF BOS	INESS/INL	JUSTRY		
MPL	8th					_							
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Wilbert Brown, Sr							ME (First, Mide					
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAIL	JNG ADDRESS	(Street I			a Taylor			Codel		
2		ria Jones		25 W. Be				imore,			2/2/	5	
	20a METHOD OF DISPOSITION Y Burlet 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE AND DA cemetery, crematory WESTER	TEOFDISPOS	inon (Me	eme of		11492		ONSVÍ			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE ()	11030011			h F/H	SS OF FAC		Out	011311	110,	1 10	
	Bernard D	Ir Misor	n		Marc 4300	n F/H Waba	west ash Av	enue/					
	23. PART I. Enter the diseesea, of ahock, or heart fellure.	omplicatione that	ceused the death. D	o not enter	tha mo	de of dyi	ng, auch	ea cardiac	or reepir	atory arr	est,	Approximi	
	IMMEDIATE CAUSE (Final disease or condition	Λ	11011	1		1	1	0	1	1	,	Onset and	
	reculting in death) a. Cerebral ascendar Accident - Schence Sd. Due to (or as a consequence of):												
N													
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	E OF):									
CERTIFICATION	resulting in death) LAST	d											
	PART ii. Other eignificant condition	e contributing to	deeth but not reaulting	ng in the un	derlyin	g ceuee g	iven in F	Pert i. 24	a. WAS AN		24b	. WERE AUTOPSY FI	
EDICAL	Preumonia							_	PERFORI			AVAILABLE PRIOR COMPLETION OF CO	
Σ								[,		1 - YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				00 00	105.05.0							
SICI	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DO	OTHER A 4 Num	₹:			ck only one) 6 🗆 Other (S)	naai4.1				
λΗς	27. MANNER OF DEATH	26a. DATE OF I	NJURY 26b.	TIME OF INJURY	28c. INJ		T	28d. DESCRI		JURY OCC	CURED		
BY	1 Natural 5 Pending Investigation			М	1 🗆 '	rES 2	NO						
	3 Suicide 6 Could not be determined	26s. PLACE OF building, e	INJURY — At home, far etc. (Specify)	m, street, fact	ory, offic	•		26f. LOCATIO	ON (Street all own, State)	nd Number	or Rural I	Route Number,	
Success 6 Could not be detarmined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
NO			amination and/or investig									s) and manner as s	teted.
B	296. GONATURE AND TITLE OF CERTIFIED	Van	010			29c. LICE	NSE NUM	BER		29d. DATI	SIGNED	(Month, Day, Year)	
임	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITEM 27) (Type, Print),		<u>υ</u> α	110			- 7	10/	2/2.03	-
	W.H. LAND	SC4 45	HOT 5	us Hor	KII	os A	osp,	Tou	NER	110,	BAL	-TO. MI),
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	is signature										
	14W T P 1975	Guna Dai	racon-hande										Bay 1/89

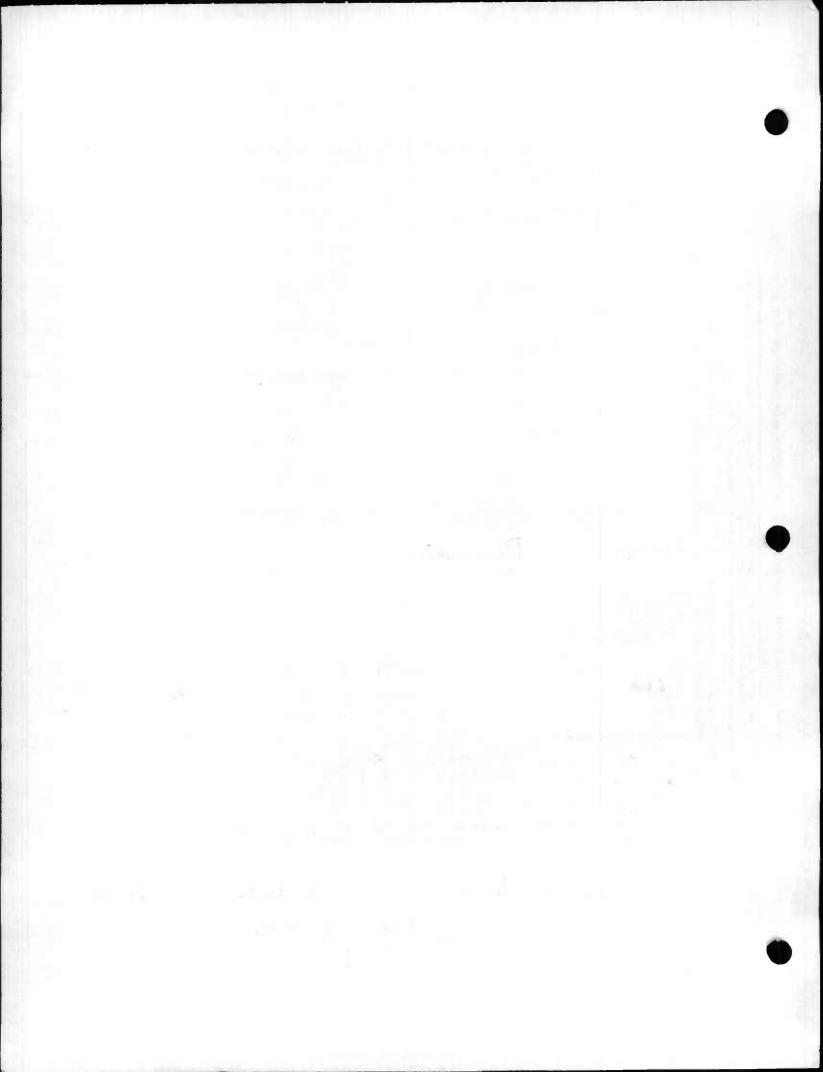






BESSIE V. BRITCHS 1 SOCIAL SECURITY NUMBER IN SEC. 210 10 2298 1 M 9 XFT 98 yes. 1 M 9 XFT 98 yes. 1 M 9 XFT 98 yes. 1 M 9 XFT 98 yes. 1 M 2 XFT 98 yes. 1 M 3 XFT 98 yes. 1 M 4 XFT 98 yes. 1 M 4 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M 5 XFT 98 yes. 1 M	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF			DEA			REG. N	-		3. TIME OF DEAT
216 10 2298 1		T									4, 19	992	
Secondary of the desiration, plus insert and munibory Secondary	1.34					-		7. DATE (Mon	OF BIRTH		8. BIRT	HPLACE (State or For	
TONGER DECEMBENT No. SUMEY MARY JAIN BALTIMORE CITY NO. STREET AND HUMBER 4401 ROLAND AVENUE APARTMENT 405 1.1. MARITAL STATUS 1.2. NAS DECEMBENT STEPS IN MARKE (FIRST, MARIS AND MARIE AND AND AND AND AND AND AND AND AND AND			98	YRS.						4/2/1			-
THE STATE THE STATE THE COUNTY BAILTIMORE CITY BAILTIMORE BAILTIMORE 4401 ROLAND AVENUE APARTMENT 405 11. MARITAL STATUS 12. WAS DECEDENT SET OF THE PAIN CHILDRY SHAPE 13. WAS DECEDENT SHAPE OF THE PAIN CHILDRY SHAPE 14. WAS DECEDENT SHAPE OF THE PAIN CHILDRY SHAPE 15. WAS DECEDENT SHAPE OF THE PAIN CHILDRY SHAPE 16. WAS DECEDENT SHAPE OF THE PAIN CHILDRY SHAPE 17. FATHERIS MARE (FIFT, MINCH, LAST) 18. MOTHER'S NAME (FIFT, MINCH, LAST) 19. MOTHER'S NAME (FIFT, MINCH, LAST) 19. MOTHER'S NAME (FIFT, MINCH, LAST) 19. MARITAL AVENUE OF SHAPE OF THE PAIN CHILDRY SHAPE 19. MOTHER'S NAME (FIFT, MINCH, LAST) 19. MARITAL AVENUE OF SHAPE OF THE PAIN CHILDRY SHAPE 19. MOTHER'S NAME (FIFT, MINCH, MARIDO SHAPE) 19. MARITAL AVENUE OF SHAPE OF THE PAIN CHILDRY					96. CITY				EATH				
Maryland Baltimore City Baltimore 10. STREET AND NUMBER 4401 Roland Avenue Apartment 405 11. WAS DECEMBER EVER IN U. S., ANNED 11. WAS DECEMBER EVER IN U. S., ANNED 12. WAS DECEMBER EVER IN U. S., ANNED 13. WAS DECEMBER OF HISPANIC CONFIRM? 14. WAS DECEMBER EVER IN U. S., ANNED 15. ROCKESSON TO SUDCEMBER 16. DECEMBER 1 STAND 16. DECEMBER 1 SUBJECTION 16. DECE								re				Balti	imore Cit
The Street and Number 4 401 Roland Avenue Apartment 405 91.20 code 21210 10. STREET AND NUMBER 4401 Roland Avenue Apartment 405 91.20 code 21210 10. S. A. WILLIAM ANTIAL STATUS 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 12. WAS DECEMBER													10d. INSIDE CITY
4401 Roland Avenue Apartment 405 11. MARIAL STATUS 12. MAD DECEDENT SYER IN US. A. PARTE FORCES? 12. MAD DECEDENT SYER IN US. A. PARTE FORCES? 13. WAS DECEDENT OF DISPARCE CHICATOR (Specify). The or NO. 14. NACE. Annutron India FORCES? 14. MAS DECEDENT OF DISPARCE CHICATOR (Specify). The or NO. 15. NACE. Annutron India FORCES? 15. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCAT		timore C	ity]	Balt								1XXYES 2
11. MARTIAL STATUS To North Married 12. Mac DECEDENT SPURN IN U.S., JAMED 13. WAS DECEDENT OF UNIDAMY. CRIMINARY (Specify, Parties, Parties Rican, etc.) 14. MARC American India Specify (Specify) 14. Mac American India Specify (Speci		Δτιοπιίο /	Anartmo	nt /10	-	107.		-					
Types people Cuben, Mexican, Purer Rean, etc.) State of the Committee			_			WAS DEC			NIC OBIO	10.00 - 14. 14			
Specify only Alphael prote conceined? Barnetistry/Secondary (0+12) Cotlege (1-4 or 5+) Start Print Name (Front, Michie, Lard) John Beeker 196. NAMO of BUSINESS/INDUSTRY Burnetistry/Secondary (0+12) Secondary (0+12) Lillie Name (Front, Michie, Lard) John Beeker 196. NAMO of BUSINESS/INDUSTRY Burnetistry/Secondary (0+12) William Barnes, Jr. 196. NAMINER ADDRESS (Simet and Number of Rural Roune Namber, City or Rum, State, 20 Code) 201. PLACE AND DATE OF DISPOSITION (Industry) 196. NAMINER ADDRESS (Simet and Number or Rural Roune Namber, City or Rum, State, 20 Code) 21. Southwest of Commention 3 Removal from State 20. PLACE AND DATE OF DISPOSITION (Industry) 197. Secondary (0+12) 21. Secondary (0+12) 22. NAME AND ADDRESS (Simet and Number or Rural Roune Name		FORCES? 1	YES 2.	NO		If yes, spe	ecity_Cube	n, Mexica	in, Puerto	Y7 (Specify Y Rican, etc.)	ee or No—	Bled	ck, White, atc.
Semantary Secondary (9:12) College (14 of 5+) St.h	3 Widowed 4 Divorced		- III ON DAILO			1 1 123	ZENNO	Specin	γ:			Spec	White
Sth Homemaker	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. E	DECEDENT'S I	USUAL O	CCUPATIO	ON st of workin	na	168	. KIND OF B	USINESS/IN	DUSTRY	
18. MOTHER'S NAME (First, Middle, List) 19. MATHER'S NAME (First, Middle, Marvel 19. MOTHER'S NAME (First, Middle, Marvel 19. MOTHER'S NAME (First, Middle, Marvel 19. MOTHER'S NAME (First, Middle, Marvel 19. MATHER'S NAME (First, Middle, Marvel 19. Marvel		College (1-4 or 5+	,										
John Beeker John Beeker Lillie Marvel				Homema	aker								
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3730 Falls Rd, Baltimore. Baltimore 21211 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Lulia Davidson Rondell



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

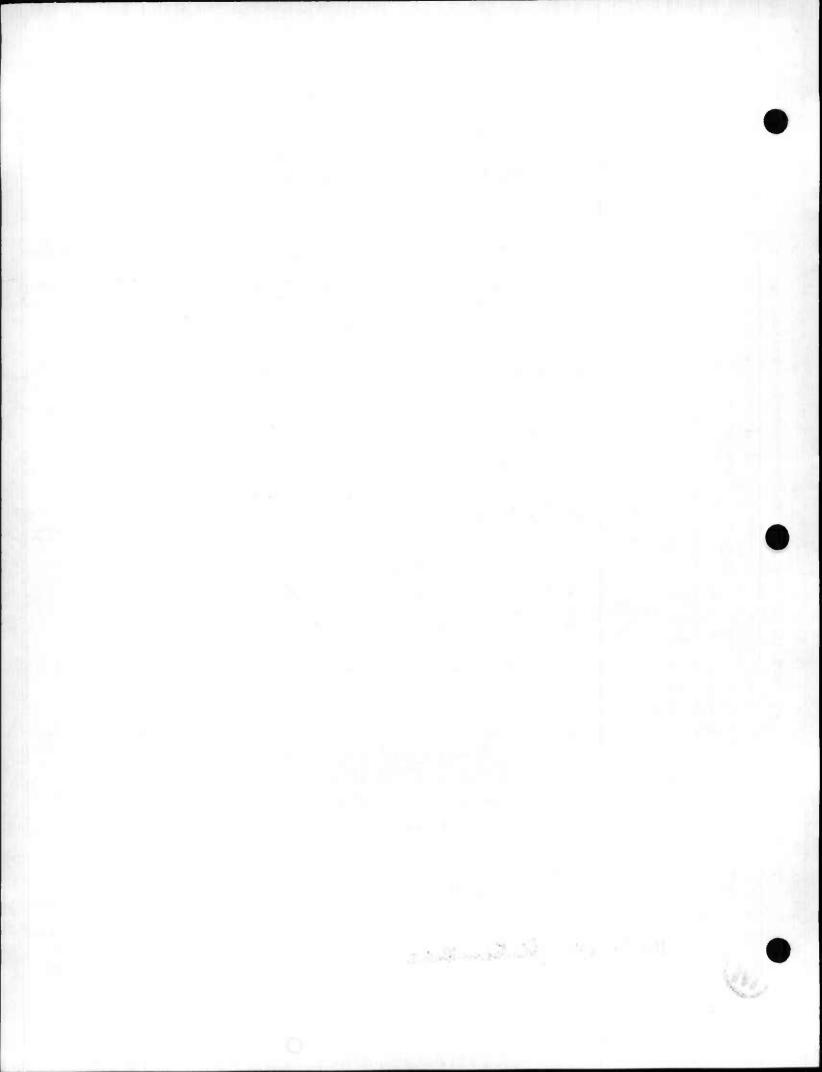
DR. MYRNA T. ESTRUCH MD

31. DATE FILED (Month, Day, Year)

JAN 1/6/1992 22. REGISTRAR'S SIGNATURE

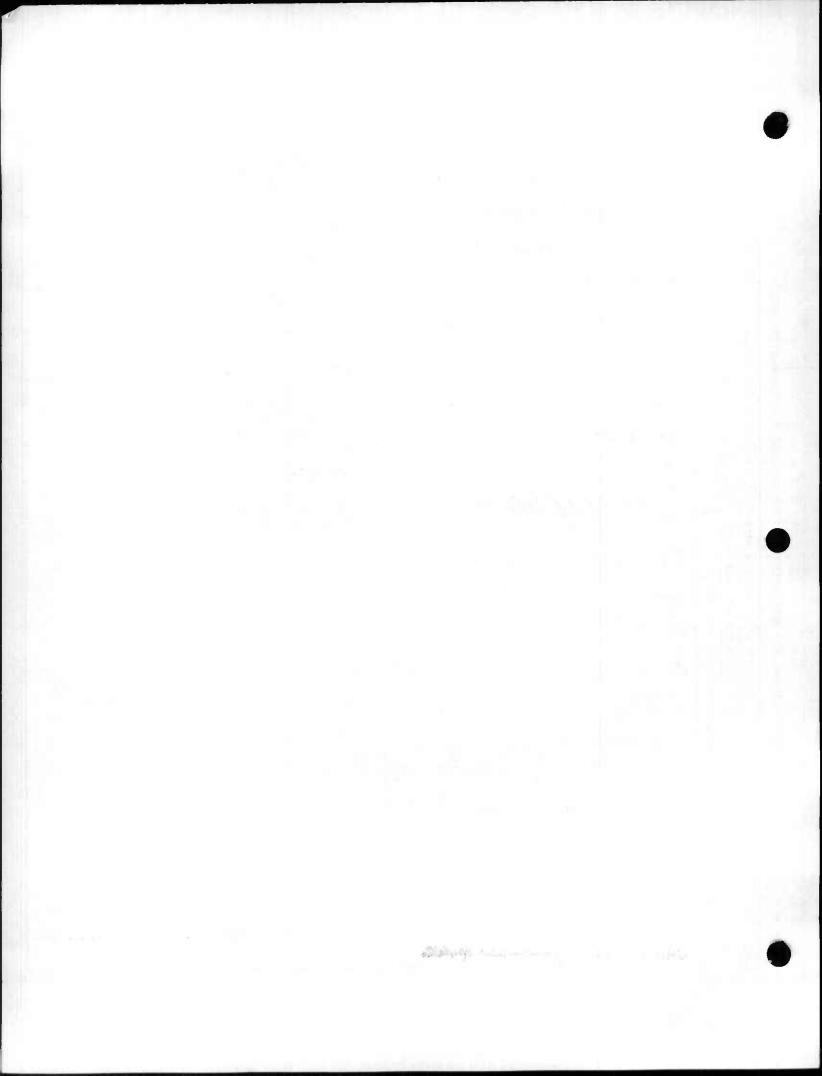
Lucia Savids

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	rurs after death. Page 6 may be retained by the hospital or attending physicia
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF I	EALTH AND I	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, L	est)				2. DATE OF OEATH		- 25	3. TIME OF OEATH
	DORIS Deane	BROWN				1-15-92	DAY	YEAR	5:50 A
	4. SOCIAL SECURITY NUMBER		-	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	215-16-9494	1 M 2 F	70 YRS.	1	HOURA MIN.	May 25, 1	921		yland
CTOR	9a. FACILITY NAME (If not institution, g Franklin Squar RESIDENCE OF DECEDENT	e Hospital		Essex	OR LOCATION OF OR	EATH	Ba 1		
EC	10a. STATE 10b. CO		TION				101 MINITE CITY		
DIRE	Maryland Ba	ltimore	Cat	onsvil	l e				10d. thisiDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	11.00-2-00-00-00-00-00-00-00-00-00-00-00-00			. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
NEF	1320 Ridge Road				21228		U.	S.	Α.
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify You, Puarto Rican, atc.)		14. RACE	— American Indien, , White, atc.
ВУ	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DAT	TES A		2 NO Specify		i	Spech	ly:
ED	15. DECEDENT'S	EDUCATION	18a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BI	ISINESS /IND	LICTRY	White
E	(Specify only highest g Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	(Give kind of world life, Do NOT use n	done during mo atired.)	at of working	TOU. KIND OF BI	DSINESS/IND	USINT	
MPL	12		Legal Se	cretar	٧	Law Fi	rm		
COMPL	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maide			
BE	Raymond	WIGEL				nerine			EEHAN
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To		Code)	
	Michael Brown					sville, MD	212	28	
	20a. METHOO OF DISPOSITION 1 Buriet 2 X Cremation 3 F	lamovat from Stata ceme.	PLACE AND OATE OF D	plece)			OCATION — C		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	etro Crem	atory,	Inc. 1/	16/92 Bal	timor	e, M	D
	· m-11.	010	,			oard Funer	al Ho	me,	Inc.
	23. PART I. Enter the diseases	1 lderan		4107	Wilkens A	ve. Balt	imore	. MD	
N	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Respiratory F DUE TO (OR AS A C Chronic Obstr	ailure				matory arre		Approximate Interval Betwo
CERTIFICATION	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C DUE TO (OR AS A C							
AL C	PART II. Other aignificant condit	iona contributing to death but	t not reaulting in t	he underlying	cause given in i	Part I. 24s. WAS AP	NAUTOPSY	24b.	WERE AUTOPSY FINDIN
5	Breast Carcinon	1a				PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSI
MEDIC	Meningiomo					_	X		OF DEATH?
ä									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
YSI	1 TYES 2 NO	tX Inpatient 2 ☐ ER/Outpat		THER: Nursing Home	5 - Residence	6 Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural S Pending	(Month, Day, Year)	JRY AT	28d. DESCRIBE HOW	INJURY OCC	JRED			
B	2 Accident Investigation				ES 2 NO				
밀	3 Suicide 6 Could not determined	28e. PLACE OF thJURY — At home, tarm, street, factory, office butiding, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Tourish Route Number Number of Tourish Route Number of Tourish Route Number of Tourish Route Number of Tourish Route Number of Tourish Route Number							oute Number,
9	29a. CERTIFIER								
COMPLE	(Check only	YSICIAN: To the best of my knowled	ige, death occurred at	the time, data	and place, and due t	to the cause(a) and me	nner es state	d.	
ပ္ပ		INER: On the basis of examination a	and/or investigation, in	my opinion, de	ath occured at the t	Ime, data and place, ar	nd due to the	cause(a)	and manner as stated
H	29b. SIGNATURE AND TITLE OF CERTIF	11/1/1			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
စ္	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED OFFICE			111889	8	-1/	15/9	2
					/.				
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAT		3/14	121	221/Dr	Shel	don	Milner
	31. DATE FILED (Month, Day, Year)	- ina Dandson have	LAD.						



YEAR

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

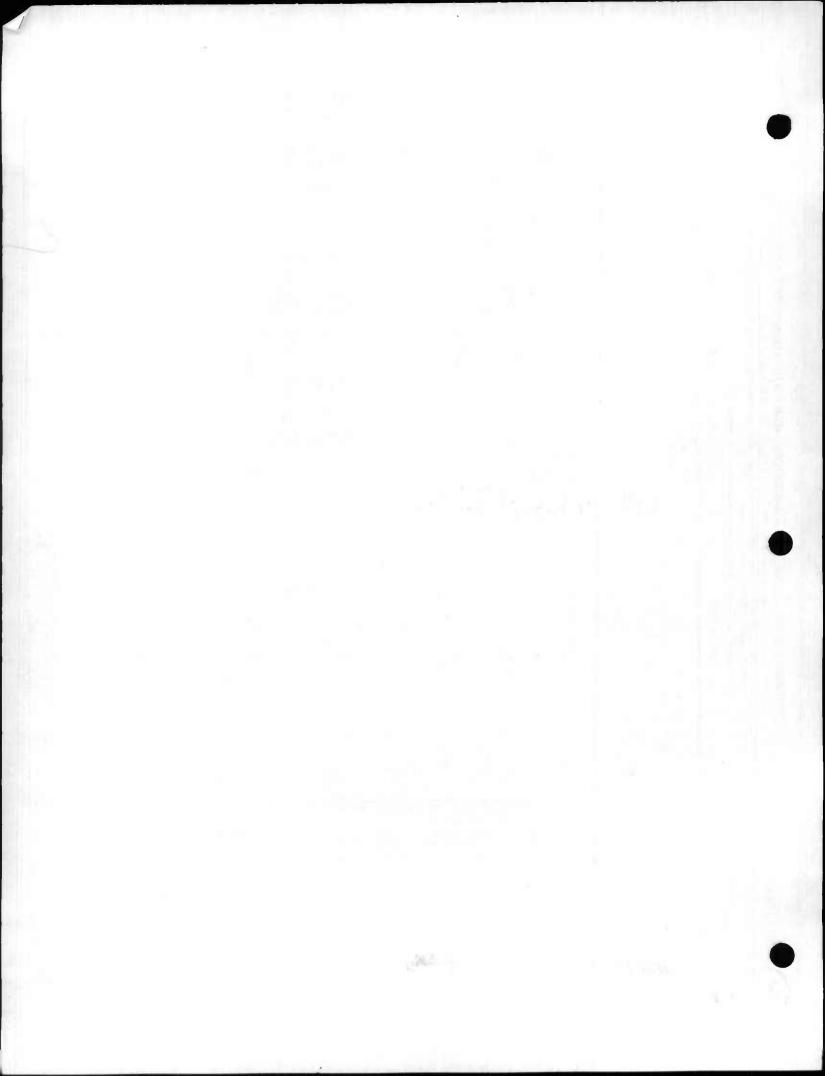
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	he
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VIOLET M. BURK 2:15 P JANUARY 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 228-16-5396 84 1 M 2X F JUNE 09 1907 VIRGINIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1325 S. ANDRE STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL HANOVER permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7236 VALLEY ROAD use as the burial-transit 21076 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY Specify: 3 🔀 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY completed) 10J ntary/Secondary (0-12) College (1-4 or 5+) 5TH detached HOMEMAKER HOMEMAKER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WALTER W. funeral director, page 5 should be Ħ CLARK IDA MAY SMEDLEY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EVELYN CHAMBERS 1325 S. ANDRE ST. , BALTIMORE, MD ě 20a, METHOD OF OISPOSITION
1 Å Burlal 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, Slate must DATE WARD S'CHAPEL CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 1-16 RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. n by the fi 4107 WILKENS AVENUE, BALTIMORE, MD. 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. in by Approximate shock, or haart failure. List only one cause on each line 5 Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ event. resulting in death) crem burial. traumatic CERTIFICATION and Sequentially list conditions, 2 if any, laading to immediata physician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other the attending pl resulting in death) LAST injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and and PERFORMED? shows any AWAILABLE PRIOR TO signed l COMPLETION OF CAUSE OF DEATH? 1 TES 2 1 NO L. of F 1 | YES 2 | NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 27. MANNER OF DEATH 26e. DATE OF INJURY marked, 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this (with 1 Natural М 1 YES 2 NO After death BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide N 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: / 8 Could not be 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner se stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HOSPITANT: IT IN FUNERAL E (Check only one) EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner ee stated. 2913/ BE 29d PATE SIGNEO (Month, Day, Yeer) 99 2 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. SOL WITRIOL - 8031 RITCHIE HIGHWAY - PASADENA, MARYLAND 21122 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Teviden 1992 **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛌 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
s hospital or after	stached for use a		nce.
be retained by the	ge 5 should be di		e notified at o
ith. Page 6 may	neral director, pag		miner must b
nours after de	filled in by the fu	on, or removal.	he medical exa
executed within	n and completely	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
eath certificate be	attending physicla	ntal Hygiene prior	y, or other trai
equires that the d	an signed by the	of Health and Mei	hows any injur
ICIAN: The law n	ertificate has be	the State Dept.	or item 23 s
TTENDING PHYS	TOR: After this c	after death with	28 is marked,
HOSPITAL OR A	FUNERAL DIREC	within 72 hours	TANT: If Item
O THE	THE THE	be filed	MPOR

296. SIGNATURE AND TITLE OF CERTIFIER

DR - MENNI, HAMILTON
31. DATE FRED HAMILTON

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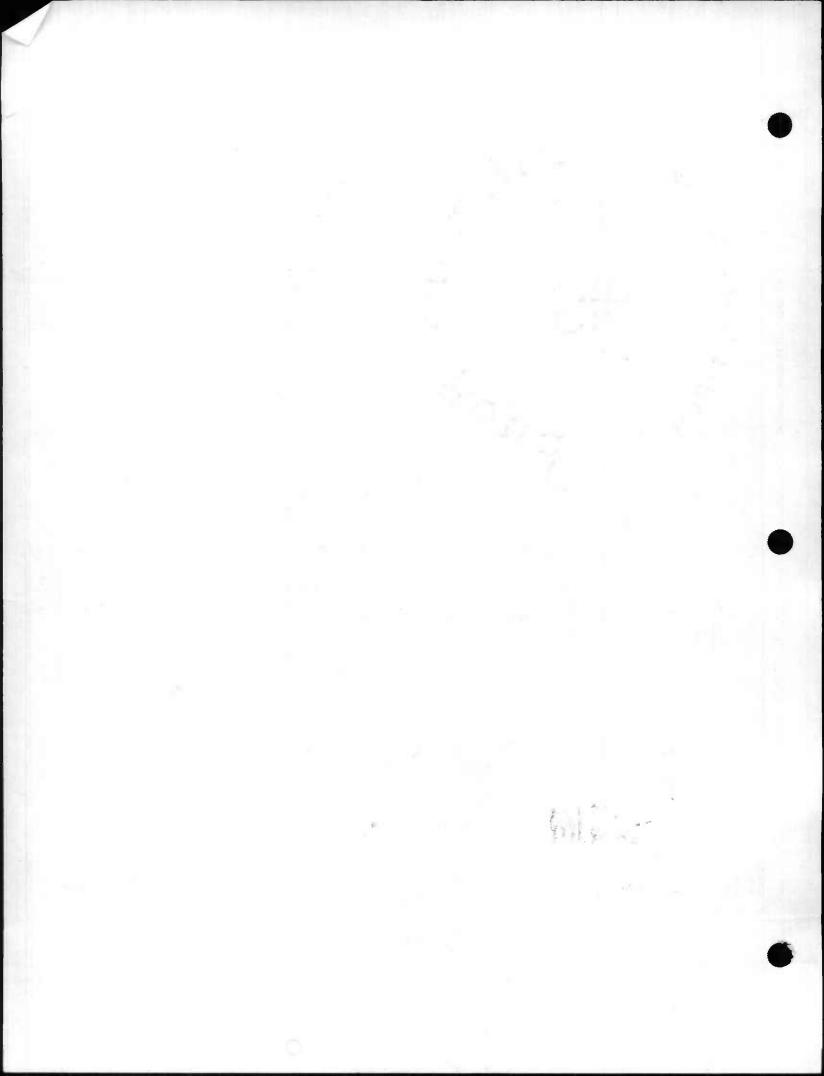
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92 00724 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 10:19 A BREEDEN 1-6-1992 THOMAS E 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F VDC 4-22-1923 Virginia 224 22 1729 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sa. FACILITY NAME (If not institution, give street and number, DIRECTOR Paul Street Baltimore 2124 St. na RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10b. COUNTY 1 TYPS 2 NO Baltimore Maryland 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE FUNERAL 10e. STREET AND NUMBER 21218 USA 2124 St. Paul Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BΥ 3 Widowed 4 Divorced YES no White Navv 9 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comple П Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17 FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Cleveland W. Breeden Cora Lee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas Breeden. 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremetton 3 | Removal from State
4 | Donetion 5 | Other (Specify) | in State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Anat Bd 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY PREDDY FUNERAL HOME 22960 250 W. Main Street, Orange, VA N. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition PROBABLE CARDIAC ARREST
OUE TO (OR AS A CONSEQUENCE OF): Immediate resulting in death) CARDIOVASCULAR DISEASE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ITYPERTENSION ESSENTIAL CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ig Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 2 Accider 5 Pending 1 YES 2 NO BY Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 92 MD MD. D18882 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Loch Raven VA Hospital, Baltimore, MD Sulia Day door Winder

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.



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DING PHYSICIAN; The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or after	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL	CERTIFIC	ATE OF D	EATH	REG. NO.	92 00			
	France Berk	eridae.			2. DA'	TE OF DEATH DAY	YEAR 9 2 154			
	4. SOCIAL SECURITY NUMBER 218-05-(0695	200			UNDER 24 HRS. 7. DAT	E OF BIRTH with, Day, Year)	8. BIRTHPLACE (State of Country)			
STOR	90. FACILITY NAME (If not institution, give s			STACT	OCATION OF DEATH		OUNTY OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY	Baltimore	10c. CITY, TO	OWN OR LOCATION	Kingsvil	ام	10d. INSIDE C			
	10e. STREET AND NUMBER			10f, ZIP	CODE	10g. C	1 YES 2			
FUNERAL	7629	Donny Terrac		1 40 MMC DECEMO	21087		U.S.A.			
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify, Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — America Black, White, etc. Specify:						
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDENT'S USL	JAL OCCUPATION	11	White				
PLET	Elementary/Secondary (0-12) 4 Yrs.	College (1-4 or 5+)		we kind of work done during most of working be NOT use retired.) Home maker Home						
COMPL	17. FATHER'S NAME (First, Middle, Last)		, Middle, Maiden Surname,							
BE	Henry 190. INFORMANT'S NAME (Type/Print)	Bauers	101 WAN INC AC		Margaret	Bigger	rman			
	Mr. James S. Berk	ceridge	7631 [Donny Te:	umber or Aural Acute Nu rrace, King	mber, City or Town, State, I SVille, Mo	Zip Code) 1. 21087			
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	oval from State 20b	Salem U, M	ISPOSITION (Name of	rch Cem 1	TE 20c. LOCATION -	- City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	Jaren O, 11				n Funeral			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	23. PART I. Enter the diseases, or c shock, or heart feliure. I IMMEDIATE CAUSE (Final	complications that caused List only one cause on a	d the death. Do not a ach lina.	antar the moda o	of dying, such as ca	rdiac or respiratory a	Intervai			
	disease or condition resulting in death)	CHT					Onset a			
	resident -	BYONG LA	CONSEQUENCE OF):	COP	7					
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICA	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):)				
CERTIFICA	resulting in death) LAST	. C. diff	weetro	nob	STEC					
	PART II. Other significant conditions	contributing to death b	ut not reaulting in th	na undarlying car	use given in Part I.	24s. WAS AN AUTOPS! PERFORMED?	Y 24b. WERE AUTOPSY AVAILABLE PRIC			
PHYSICIAN: MEDICAL	DID-Osteop	orosis	/			1 TYES 2 NO	COMPLETION O			
AN: ME	hy of resp. a	rrest >+	rach				1 YES 2			
YSIC!/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		HER:	OF DEATH (Check only o					
1 > r	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF			er (Specify) SCRIBE HOW INJURY OF	CCURED			
	2 Accident Investigation	— At home form stress			CATION (Street and Numb	er er Dural Doub Number				
ED BY PH	2 Accident Investigation 3 Suicide a Could not be detarmined detarmined 4 Homicide Homicide Accident Location Market Location Locat									

HO COMPLETEO CAUSE OF DEATH (ITEM 27) (Typo, Print)

Julia Davidson-Randoll

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 2-years after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should his because the purial profit burial, creation or removal. A change and latent of behave any latent trainmaft event the medical event has marified at name.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IF HOSTILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the host NECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the page 10 years and page 10 years and 10 years	The state of the s

92 00726 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGI		00726			
	1. DECEDENT'S NAME (First, Middle, Last) LINDA WINDEI	BR	OWN			2. DATE OF DEATH	DAY 12,	3. TIME OF OEATH 12:09A M			
	213-54-9467	□ M 2 1 F	(In yrs. lest birthday) 43 YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year April 26	,1948	Washington D.			
O.B.	9a. FACILITY NAME (If not institution, give stree 8010 SENECA VIEW				thersburg	EATH		BIRTHPLACE (State or Foreign Country) Washington D. OF DEATH TGOMERY 10d. INSIDE CITY LIMITS? 1 VES 2XXNO I OF WHAT COUNTRY? SA RACE — American Indian, Black, White, atc. Specify: White TRY M OF Town, State ia, Virginia OMe le, Md. 20882 Approximate Interval Between			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	gomery	10c. CIT	y, town on u	thersburg			LIMITS?			
ERAL	8010 Seneca View	Drive,			101. ZIP CODE 20882		225				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEOENT EVER IN U.S. A FORCES? 1 YES 2 FYES, GIVE WAR OR DATES			If yes	DECENDENT OF HISPAI a, specify Cuban, Mexica YES 2 NO Specific	in, Puarto Rican, etc.		AS Washington D.			
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	(Specify only highest grade completed) (Itary/Secondary (0-12) College (1-4 or 5+)			PATION g most of working		BUSINESS/INDUSTRY Education				
OMF	1.2. 17. FATHER'S NAME (First, Middle, Lest)	1.	reache:		AME (First, Middle, Mai		BIRTHPLACE (State or Foreign Country) Washington D. Y OF DEATH NTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2XXNO EN OF WHAT COUNTRY? USA 4. RACE — American Indian, Black, White, atc. Specify: White STRY On Code) Bly or Town, State Tia, Virginia Home Lle, Md. 20882 st, Approximate interval Between Onset and Death Y YES' LYEAN 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO UREO				
BE C	Glenn Windel			Ros	alie Stua	ırt					
TO B	19a. INFORMANT'S NAME (Type/Print) Clinton H. Brown			ne as	net and Number or Rural	Route Number, City or	Town, State, Zip C	, State, Zip Code)			
	20a. METHOD OF DISPOSITION 1 Grant Street Burlet Street Burlet Street Street Burlet Street Burlet Bu	other place)	- L	cometery, cremetory or			7 C C C C C C C C C C C C C C C C C C C				
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FĂCILITY Muriel H. Barber Funeral Home P. O. Box 5038, Laytonsville, Md. 20882										
CERTIFICATION	23. PART I. Enter the diseases, or corshock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS		My NIA	eloma 2nd to			Interval Between			
MEDICAL	PART II. Other significant conditions	but not resulting	in the under	tying cause given in	PER	S AN AUTOPSY FORMED? S 2 NO	12:09A M 8. BIRTHPLACE (State or Foreign Country) Washington D. 948				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (C	heck only one)					
YSIC		HOSPITAL:	rtpetient 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 KResidence	8 Other (Specify)					
ву РН	27. MANNER OF DEATH 15. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	L INJURY AT WORK?	26d. OEŞCRIBE HO	OCCI	JREO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp		street, factory,	office	281. LOCATION (St City or Town, S		8. BIRTHPLACE (State or Foreign Country) Washington D. C. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2XXNO 10g. CITIZEN OF WHAT COUNTRY? USA No- 14. RACE - American Indian, Black, White, atc. Specify: White ESS/INDUSTRY Cation Theme State, Zip Code) TION - City or Town, State Kandria, Virginia Pal Home Description of Cause Interval Between Onset and Death Cyclic Approximate Interval Between Onset and Death Cy			
COMPLETED	one)	AN: To the best of my kno On the basis of examinat									
BE	29b. SKINATURE AND TITLE OF CENTRIES				29c, LICENSE NU	1MBER 294	29d. DATE	SIGNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON NO. D Everard Hughes, M. D			-	ngton. Mai	ryland 2	0795				
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RECORDS,
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DIVISION

		his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
ND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tached for use as the burial-tran		ice.
BALTIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the	ral director, page 5 should be de		ed, of item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	uted within 24 hours after death	completely filled in by the fune	nal, cremation, or removal.	c event, the medical exam
IL VII AL RECORDS, P.O. BOX 68760,	at the death certificate be execu	by the attending physician and	in the State Dept. of Health and Memai Hygiene phor to bunal, cremation, or removal.	y injury, or other traumati
OF VIIAL RECO	PHYSICIAN: The law requires th	his certificate has been signed	with the State Dept. of Health	Ked, or Item 23 snows an
NOISINIO	HE HIDERITAL OR ATTENDING F	DIRECTOR: After	Az nours after death	UHILDER: II ITOM 28 IS MAI
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1	FOR 1 . STATE	STATE OF I	MARYLAND	/ DEPAF	RTMEN	IT OF I	IEALTH :	AND I	MENTAL HYGIEN	ΙE	92	0072	
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	Н	REG. NO			- 0/2	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
	Hettie Evelyn			.anke					01 - 08	_	92	12:34 M	
		5. SEX	6. AGE (In yrs. Is		IF UNDI	ER 1 YEAR	IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	LACE (State or Foreign	
	221-05-7884	70) YRS.			1100110	mitte.	May 26,	1921	Lewe	, Delaware		
~	9e. FACILITY NAME (If not institution, give						OR LOCATIO		EATH	9c. COUNTY OF DEATH			
Ö	Peninsula Gene	ral Hos	pital		Sa	alis	bury			W:	icom:	ico	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c CIT	V TOWN	OR LOCA	FION						
E	Delaware Sus			wes	ON LOCA	ION					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Jek		Le	wes							1 YES 2 NO	
RA	Rt. 261, P.O. Box	201				10	1. ZIP CODE					HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS				_	1 1	1995				S.A.		
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	TEVER IN U.S. A YES 2 X WAR OR DATES	RMED NO	13	II yes, sp	ENDENT OF ecify Cuben 2 NO	, Mexice	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY								DUSTRY					
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)												
AP.	Homemaker Own Home								me				
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NA	ME (First, Middle, Maiden	Surneme)			
BE (
10	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	nd Number o	or Rural F	Route Number, City or Tow	n, State, Zi	p Code)		
-	Newell Blankenshi			P.0	. Bo	x 32	4, Le	wes	, DE 19958				
	264. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Rem	ovel from State	20b. PLACE				me of		DATE 20c. LO	CATION -	City or Tow	n, State	
	4 Donetion 5 Other (Specify)		white	2 1 A C	hane	el Co	meter	T LI	1/11/92 Mil	ton	Dolo	uva k o	
	Ponetion 3 Removal from State 4 Donetion 5 Other (Specify) White's Charpel Cemetery 1/11/92 Milton, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Parsell, Atkins & Lodge Funeral Homes, Inc. P.O. Box 477. Lewes. DE 19958												
	23. PART I. Enter the disesees, pr	on plicetione tha	t ceused the de	eth. Do r	ot ente	r the mo	de Df dyin	g, sucl	h ss cerdiec or respi	ratory er	rest.	Approximete	
	interval Be									interval Between Onset and Death			
	disease or condition									Oliset sild Destri			
	e. Coronary Artery Disease With Occlusion OUE TO (OR AS A CONSEQUENCE OF):												
z	Generalized Arteriosclerosis										į		
일	Sequentielly list conditions, If any, leeding to immediate D. OUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or injury	c											
CERTIFICATION	thet initieted events recuiting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7:								
H	reediting in deeth) LAST	d											
- 11	PART II. Other significent condition	e contributing to	deeth but not	resulting i	n the u	nderiving	Course oi	ven in i	Bort i 24- MBC AN	ALITORAL	1		
PHYSICIAN: MEDICAL	Peripheral							ven in	Pert i. 24a. WAS AN PERFOR		1 7	VERE AUTOPSY FINDINGS	
읍		· ubdulu	I OCCI	UDI V	<u>e</u> <u>D</u>	TDE	ase_		1 YES 2	X NO		OMPLETION OF CAUSE OF DEATH?	
Σ									_		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					00.01							
200	EXAMINER? 1 Y YES 2 NO	HOSPITAL:	7 =====================================		OTHE	R:	ACE OF DE						
¥	27. MANNER OF DEATH	1 Inpatient 2 2	*	28b. TIMI		rsing Hom 28c. INJ		dence	8 Other (Specify)				
	1 Netural 5 Pending	(Month, D		INJ	URY	WO	RK?		28d. DESCRIBE HOW IP	IJURY OC	CURED		
BY	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE O	F INJURY — At he	ma form -	400.00 40.0		ES 2 🗌	NO					
COMPLETED	4 Homicide 8 Could not be	building,	etc. (Specify)	, PORTI, II	wat, IBC	nory, other		- 1	281. LOCATION (Street a City or Town, State)	nd Number	or Aural Roo	ite Number,	
Ш	290. CERTIFIER												
MP	(Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the t	time, date	end place, e	ind due t	to the cause(e) end man	nor as atai	led.		
8			emination end/or	investigation	7, In my	opinion, de	eth occured	at the t	lime, date and piece, end	due to th	ne ceuse(e) e	end menner ee ateted.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN	SE NUM	BER	29d. DAT	E SIGNED (A	fonth, Day, Year)	
5	30/NAME AND ADDRESS OF PERSON WIN	muses	De De	puty	Μ.	E.	DO3	3599	9	•	01-0	8-92	

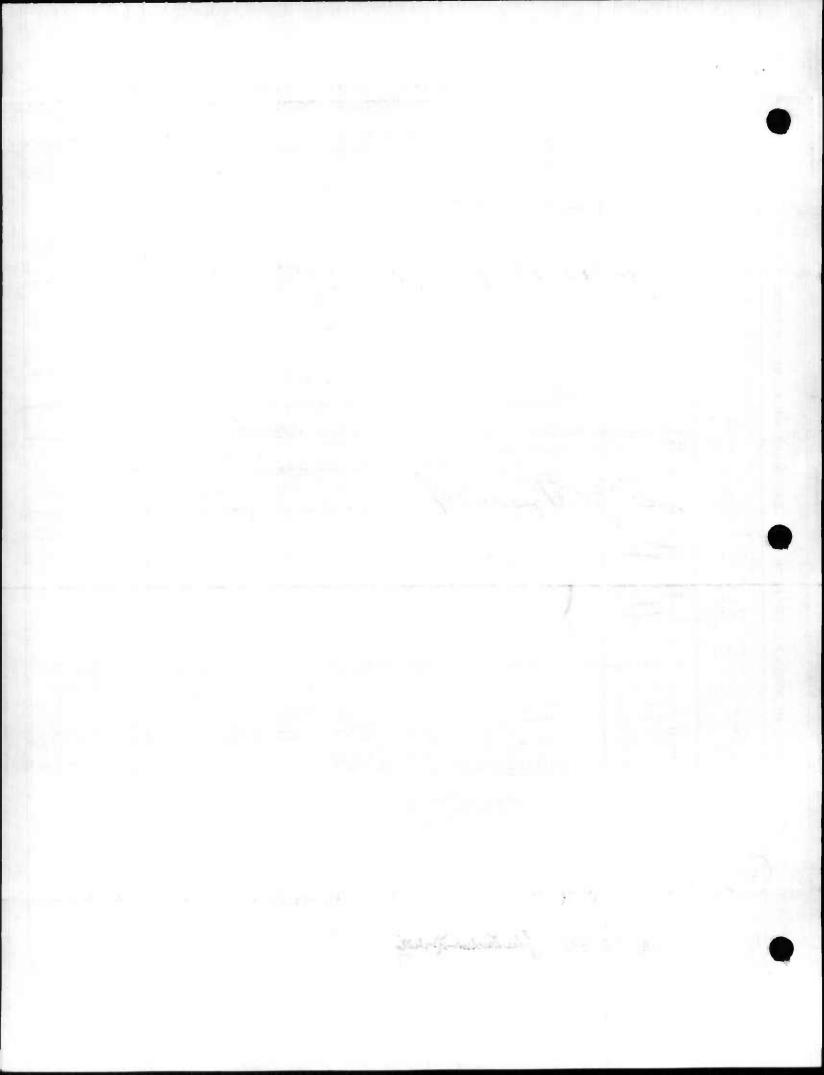
, M.D., 108 Pine Bluff Road, Salisbury, MD 21801

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bulkeley,

JAN 16 1992

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		ARYLAND / DEPA CERTIF	ICATE	OF DEA	TH		EG. NO.		0072		
	1. DECEDENT'S NAME (First, Middle, Last,		4		2. DATE OF DEATH MONTH DAY YE				YEAD	TIME OF DEATH		
	Francis Ed		um				Jan.	11,1992				
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	3. AGE (In yrs. lest birthdey) 72 YRS.	MONTHS D	EAR IF UND	ER 24 HRS.	7. DATE OF B (Month, Day MArc	(Year)	(Country)	ACE (State or Foreign ryland		
TOR	Francis SC RESIDENCE OF DECEDENT	The state of the s	Hospital	9b. CITY, TO	Ba.	TION OF DE			NTY OF DEA	imore		
DIRECTOR	10a. STATE Md . 10b. COUNT	BAltim	ore loc. Cr	TY, TOWN OR L	OCATION	Eas	tpoin	t		d. INSIDE CITY LIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
BY FUNERAL	7855 Bank\$			2222								
	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 17	YES 2 NO	If ye	DECENDENT s, specify Cut YES 200 NO	en, Maxica	n, Puerto Ricen	ecity Yes or No— atc.)	Black, White, atc. Specify: White			
	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	18a. DECEDENT'S	Work done during the retired.)	PATION or most of word	dna	16b. KINI	OF BUSINESS/IND		WIII [P		
COMPLETED	Elementary/Secondary (0-12) 9 th	College (1-4 or 5+)		rinte				Construction				
BE	17. FATNER'S NAME (First, Middle, Last) William Thom		18. MO	THER'S NA		, Maiden Surname)	00101	•				
	19a. INFORMANT'S NAME (Type/Print)	ab Diam	19h MAILIN	Annaess /S	_		and the same of th	ty or Town, State, Zip	0.41			
2	MArie Blum							imore l		21224		
	20a. METHOD OF DISPOSITION 1 XBurtel 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify) Date Date Date Date 20b. PLACE AND DATE Of DISPOSITION (Name of competerly - Frametop provided in the competerly - Frametop provided in th											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221											
	23. PART I. Enter the diseases, or ehock, or heert heliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	(1)	on each line.	not enter the	mode of d	ying, suci	es cardiec	or reepiretory arm	eat,	Approximate intervel Betwee Onset and Dea		
	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE O	F):	- Li	sea-1	re					
MEDICAL CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. OUE TO (O	rab rova	of: scular			Part f. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CO OF	IRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
ᄗ	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition	c. OUE TO (O	rab rova	Fi: S Cu (w	lying cause	given in	Part f. 24a.	PERFORMED?	AM CO OF	MPLETION OF CAUSE DEATH?		
	if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Ce	rab rova	in the under	lying cause	given in	Part f. 24a.	PERFORMED? YES 2 NO	AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?		

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Natural
Accident
Suicide 1 YES 2 NO 28s. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the be
2 MEDICAL EXAMINER: On the basis the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and 29b. SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Estil VANCEND 92 JHH-H8610 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Estil A. VANCE Tower 110

Johns Hopkins Hospita 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1992

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32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	92-0144-510						00	00700			
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI	NE	00729			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	George	W.	Brow	n	Cr.	0 1 0 G		92 11:30 A M			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	538 20 9460		70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1/20/192	(Month, Day, Year) Country) 1/20/1921 Tennessee				
~	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	R LOCATION OF D	DEATH	9c. COUNT	TY OF DEATH			
DIRECTOR	4201 Pennington			Baltim			==				
DIRE	Maryland ===	Y =====		town on Locat	TON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
님	10e. STREET AND NUMBER			101	ZIP CODE		I 10g CITIZI	EN OF WHAT COUNTRY?			
BY FUNERAL	4201 Pennington				21226		U.S	6.A.			
문	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 1	I4. RACE — American Indian, Black, White, etc.			
≥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TES	2 NO Speci	Specify: Specify:					
		World War		1				White			
핕	15. DECEDENT'S EDU- (Specify only highest grade	completed)	16e. DECEDENT'S U (Give kind of wo	ork done during mos	N st of working	16b. KIND OF BU	ISINESS/INDU	STRY			
=	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	,							
MP	8th Grade		Electri	cian		David	son Ch	nemical			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maider	Sumeme)				
BE		arshall Bro				rgia Hic					
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural	Route Number, City or Tox	vn, State, Zip C	(ode)			
-	Patricia M. Garl	and	819 8	Stoll St	reet	Baltimore	, Mary	land 21225			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Remote the Donation 6 Other (Specify)	oval from State ceme	PLACE AND DATE OF tery, cremetory or oth	er niece)		1 1		ity or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mo	. State	Veteran	s Cem.	1-14 Cro	<u>wnsvil</u>	le, Maryland			
	1 1	00	,		D ADDRESS OF F	nce Funera	1 Homo	DA			
	Cukana	Chorus						Md. 21225			
	23. PART I. Enter the diseases, or o	omplications that caused	the deeth. Do no	ot enter the mod	de of dying, suc	ch as cardlec or resp	iratory arres	st, Approximete			
	shock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition NTI-km AS (4 mm a)										
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF	40114	HOVISC	monke	MINKE	•			
_	in the state of th										
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
A	ceuse. Enter UNDERLYING							i			
Ē	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):	:							
F	resulting in death) LAST	4									
8											
A	PART II. Other significant condition	s contributing to death bu	t not resulting in	the underlying	cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
8	44.4					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
91						t= 114		OF DEATH?			
-						- Mozae	5CIU-	1 TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	neck only one)					
PHYSICIAN: MEDICAL	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output		OTHER:							
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME			6 Other (Specify)					
	1 Pending	(Month, Day, Year)	IULMI	RY WOF	RK?	26d. DEŞCRIBE HOW	NJURY OCCUI	RED			
B∀	2 Accident Investigation 3 Suicide S Could not be	25e. PLACE OF INJURY -	At home form str		ES 2 NO						
COMPLETED	4 Homicide S Could not be determined	building, atc. (Specify	/)	eer, ractory, ornice		28f. LOCATION (Street City or Town, Stete)	and Number or	Rural Route Number,			
7	29e. CERTIFIER	CIAN: To the heat of my keepsle	day days		=, == 17,200						
X	(Check only one) 2 X MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination	andior ignostication	In my pololog do	end piece, end due	to the cause(e) end me	nner ee stated.				
				in my opinion, de	em occured at the	time, dete end place, er	a due to the c	ceuse(s) end menner ee stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)			
2	Municipaly	W P	W		O.C.M	Е.	01	10 1992			
	30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, P	rint)							
	Maryonion A.	worm	111 Pa	ann C+-	coot D	0.1 + 4	М	.1			

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he burial-transit permit. Pages 1, 2, 3 should

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Y	REC	SI	IT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE DF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Butler Willie YEAR 12 6. AGE (In yes, lest birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH IF UNIDER 24 HHS. XM2 F Se. COUNTY DIRECTOR RESIDENCE OF DECEDENT 10s. STATE 10d. INSIDE CITY 1 TES 2 NO FUNERAL WHAT COUNTRY? 12. WAS DECEDENT EYER IN U.S. ARMED FORCEST 1 YES 2 NO IF YES, GIVE WAR ON DATES WAS DECEMBENT OF HISPANIC ORIGIN? (Sp. If yes, specify Cution, Mexican, Puerto Rican, 14. RACE 1 Never Married 2 7 BY 1 TYES 2 NO Specify 3 Widowed 4 Div COMPLETED 15. DECEDENT'S EDUCATION His. DECEDENT'S USUAL OCCUPATION (Give kind as work done during most the Do pOT use regret).) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high tary/Secondary (0-12) College (1-4 or 5 +) IB. MOTHER'S NAME (First, Middle, Malden Surna BE 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nat Buriel 2 Cremetion 3 Donalion 5 Other (Specify) SHAVICE LICENSEE 21. SIGNATURE OF FUNE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cau e on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition 3days Relmorary resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Metastufic MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 8 Could not be determined 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.

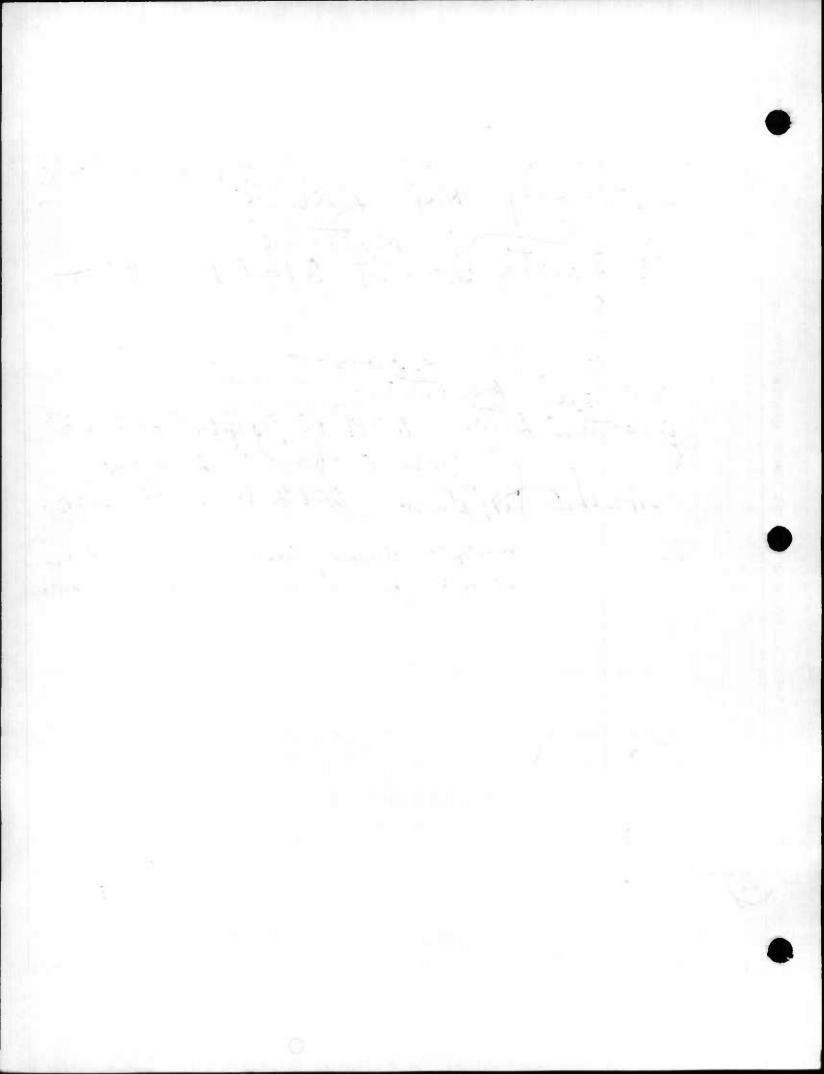
2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner ee stated. 29b. SIGMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 00 MI 192

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) JAN 10 1992 32. REGISTRAR'S SIGNATURE

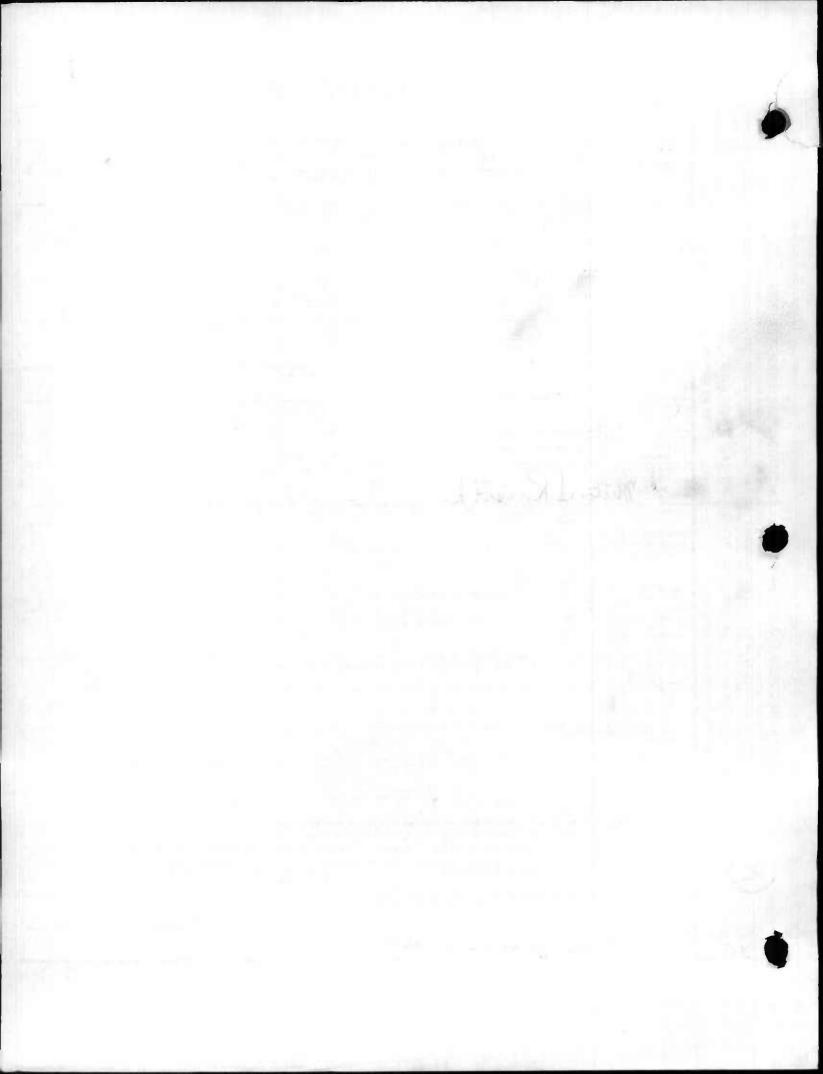
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	INVERTION: After this perilificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68765	DE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INEED DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I	If it it it is a smarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR		EPARTMEN TIFICAT			MENTAI	L HYGIEN	E		, 0 ,	
	DECEDENT'S NAME (First, Middle, Last)		н. во	oehm			MONTH	of DEATH DA	, 19	2	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-14-8200	5. SEX 6. A	GE (In yrs. lest bin	thday) IF UND MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	921	BIRTHPI Country)	Maryland	
TOR	90. FACILITY NAME (If not institution, give st 524 N. Cha RESIDENCE OF DECEDENT		t	9b. Ci1		location of Di altimore	EATH		9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	imore	10	Dc. CITY, TOWN	ECCOY					Od. INSIDE CITY LIMITS? TYES 2 X NO		
ERAL	100. STREET AND NUMBER	conbury Roa	d		10f. :	ZIP CODE	21221				AT COUNTRY? States	
B⊀	11. MARITAL STATUS 1 🖄 Never Married 2 Married 3 Midowed 4 Divorced	IF YES GIVE WAR OR DATES			3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					. RACE -	- American Indian, White, atc.	
COMPLETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)											
CON	17. FATHER'S NAME (First, Middle, Last) Michael G. Boehm					18. MOTHER'S NA			_{Sumame)}			
TO BE	19a. INFORMANT'S NAME (Type/Print) Calvert C. Gray				Number or Rural	Route Numb		n, State, Zip Co		1221		
	20a. METHOD OF DISPOSITION 1			DATE OF DISPO	etery	1/17/9	PATE		CATION — CH		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Knight J		NAME AND	ADORESS OF FA		Balt	imore,	Md	. 21214 ord Road		
CERTIFICATION	shock, or heert feilure. In IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENT	NCE OF):	Onset and Deat						Interval Between Onset and Death		
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not			ilting in the u	underlying	ceuse given in	Part I.	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3 🗆 (OTHE	R:	CE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)			28c. INJUI WOR	RY AT	28d, OES	CRIBE HOW IN	ecity) IE HOW INJURY OCCURED			
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (Specify)	farm, street, fa	ctory, office		28f. LOCA	ATION (Street a or Town, State)	nd Number or	Rumil Rou	ite Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the best of my k								ause(s) a	ind manner as stated.	
TO BE	295. SIGNATURE AND TITLE OF CERTIFIER	one of				PI714	WBER F		29d. DATE \$	IGNEO (N	Fonth, Day, Year)	
	Dr. Donato A. Var				rd Ro	ad Bal	timor	e, Md	2121	4		
	JAN 1 6 1992	32, REGISTRAR'S S	A Aundale	2								



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-braneit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It iam 28 is marked, or liam 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1 - DECEDENT'S NAME (First, Middle, Lest)

DOROTHY BLACK

2 DATE OF DEATH

A SOCIAL SECURITY NUMBER

4 SOCIAL SECURITY NUMBER

5 SEX

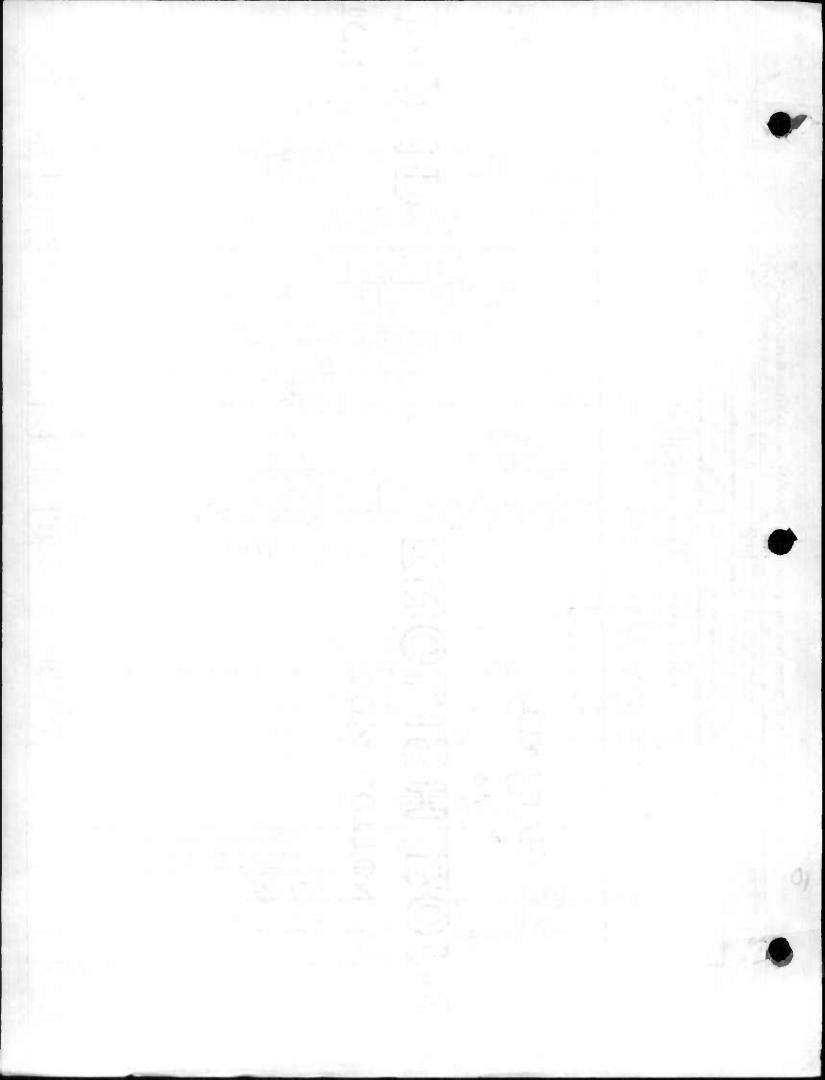
8 AGE (In urs. lest biddle)

1 FINDER 1 YEAR

4 FINDER 1 YEAR

7 DATE OF BIRTH

4. SOCIAL SECURITY NUI	MBER	5. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HF	8. 7. D	ATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
219-20-5189		1 □ M 2 🛣 🖟	80	YRS.	MONTHS	DAYS	HOURS MI	MŽ	ARCH 17	, 191	1 Country	RYLAND
90. FACILITY NAME (# not PIKESVILI	LE NURS						VILLE	DEATH			NTY OF DE	
RESIDENCE OF DE	10b. COUNT	BALTIMORE	3	10c. CIT	ry, town o	Time.	ION PE					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBE 8312	LAGES	LANE				10	. ZIP CODE	207		10g. CITI	US	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	The second second	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED KX	- 0	If yes, sp	CENDENT OF HI secify Cuben, Me i 2 XIXIO S	dcan, Pue	NGIN? (Specify Ye rto Rican, atc.)	es or No	14. RACE Black, Specifi	- American Indian, White, atc.
	ecedent's editionly highest grad		S	ECEDENT'S Give kind of a. Do NOT L	work done ise retired.)	during mo	ost of working		16b. KIND OF BU	USINESS/INC	DUSTRY	
17. FATHER'S NAME (First, MAX NA	Middle, Lest)	ON			2112	1011 1	18. MOTHER'S		rst, Middle, Meidel STEINE	n Surname)	7.	
19e. INFORMANT'S NAME MR SAI	(Type/Print) TUEL BI	LACK	. 1						Number, City or To			
20e METHOD OF DISPOS XIX Burlat 2 Crema 4 Donation 5 Ott	tion 3 - Rem er (Specify)			E AND DATE.	N TI	FERE	TH ISR	EL]	L - 14-92	OCATION ROSI		
21. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE			22.	NAME A	SOL T	FACILITY	SON & BE	205 .	TNC.	
23. PART I. Enter the ahock, pr iMMEDIATE CAUSE (i	heart fallure	complicatione thet	caused the dise on each lin	10.	not enter	r the mo	REISTE	RSTOV such as	VN RD. E	BALTO .	., MD	21215 Approximate interval Betw
ahock, or immediate CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immediate. Enter UNDER! CAUSE (Disease or in the condition of th	heart failure	a. List only one ceur B. DUE TO	Caused the dise on each lire (OR AS A CONSI	EOUENCE	not enter	r the mo	REISTE	RSTOV such as	N RD. H	BALTO .	., MD	21215 Approximate interval Betw
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shock, or immediate Cause (I disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) Library III. Other significant of the condition of the con	ditions, nediate Lying AST	b. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE	(OR AS A CONSI	EQUENCE (OF):	nderlyin	REISTE de of dying, la couse give	STOW such as	I. 24m. WAS A PERFO	BALTO piretory and an autropsy characteristics an autropsy characteristics and an autropsy characteristics and and and and and and and an	· / MI	Approximate Interval Betwoonset and De Onset and De
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3. TIME OF DEATH

> > Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF UNDE	R 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6. 6	BIRTHPLACE (State Country)		
OR	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE									
. DIRECTOR	10a. STATE 10b. COUNTY	FION								
FUNERAL	100. STREET AND NUMBER 5249 COVG	telia Ave	J	10	10f, ZIP CODE 10g. CIT			U.S.A		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 □ YES 2 □ NO Specify:				RACE — American Black, White, etc. Specify: Black		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. DECEDENT'S USUAL OCC (Give kind of work done du lifle. Do NOT use retired.)			ON sst of working	16b, KIND OF BUSI	IND OF BUSINESS/INDUSTRY			
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last)			Surname)						
To a	19a. INFORMANT'S NAME (Type/Print)	ech	19b. MAILING ADDRES	1 _ / _	and Number or Rural Ros	ute Number City or Town,	State, Zin Coo	21215		
must be	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	noval from State	Ob. PLACE AND OATE OF OIS	POSITION	0.111.	DATE 20c. LOC	ATION — City	or Town, State		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY									
intal Hygiene prior to burial, cremation, or removing, or other traumatic event, the medical CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	N	HILL.	IRE		Onse		
or other	CAUSE (Disease or injury that initiated events resulting in death) LAST	d								
shows any injury, or other MEDICAL CERTIFIC	that initiated events	dns contributing to death	but not resulting in the	undariyin	g cause given in Pa	ert I. 24e. WAS AN A PERFORI	MED?	AVAILABLE P COMPLETION OF DEATH?		
shows any injury, or other MEDICAL CERTIFIC	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. P	LACE OF DEATH (Chec	PERFORI 1 YES 2	MED?	24b. WERE AUTOP ANALABLE P COMPLETION OF DEATH? 1 YES 2		
or item 23 shows any injury, or other IYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YANO 27. MANNER OF DEATH 1 PROBLEM 5 Pending	n EN	tpetient 3 DOA OTHI	26. P ER: uraing Hor 28c. IN	LACE OF DEATH (Checome 5 - Residence 6	PERFORI 1 YES 2	MED?	AVAILABLE P COMPLETION OF DEATH? 1 YES 2		
marked, or Item 23 shows any injury, or other BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YANO 27. MANNER OF DEATH	HOSPITAL: 1 peritent 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year)	tipetient 3 DOA OTHI 4 N 26b. TiME OF INJURY M 37 — At home, farm, street, fr	26. P ER: ursing Hor 28c. IN W	LACE OF DEATH (Checome 5 Residence 6 JURY AT DRK? YES 2 NO	PERFORI 1 YES 2 k only one) Other (Specify)	MED?	AMALABLE P COMPLETION OF DEATH? 1 YES 2		
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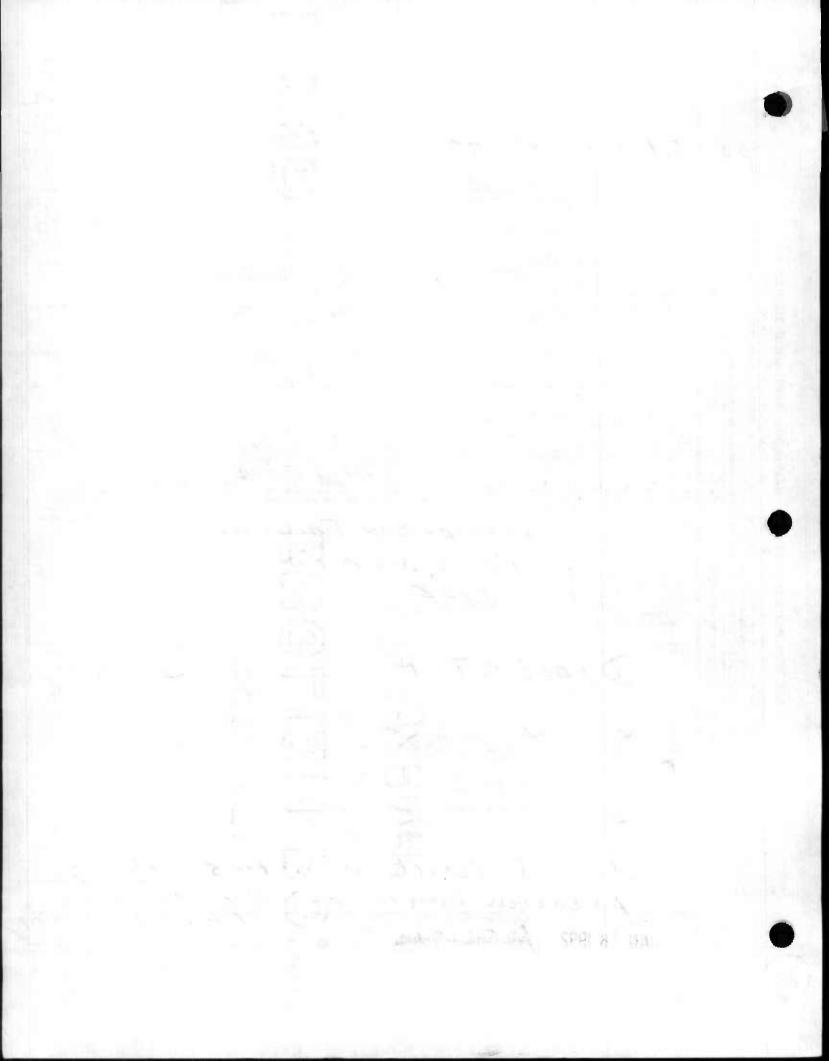
32. REGISTRAR'S SIGNATURE Luna Davidson Rondoss



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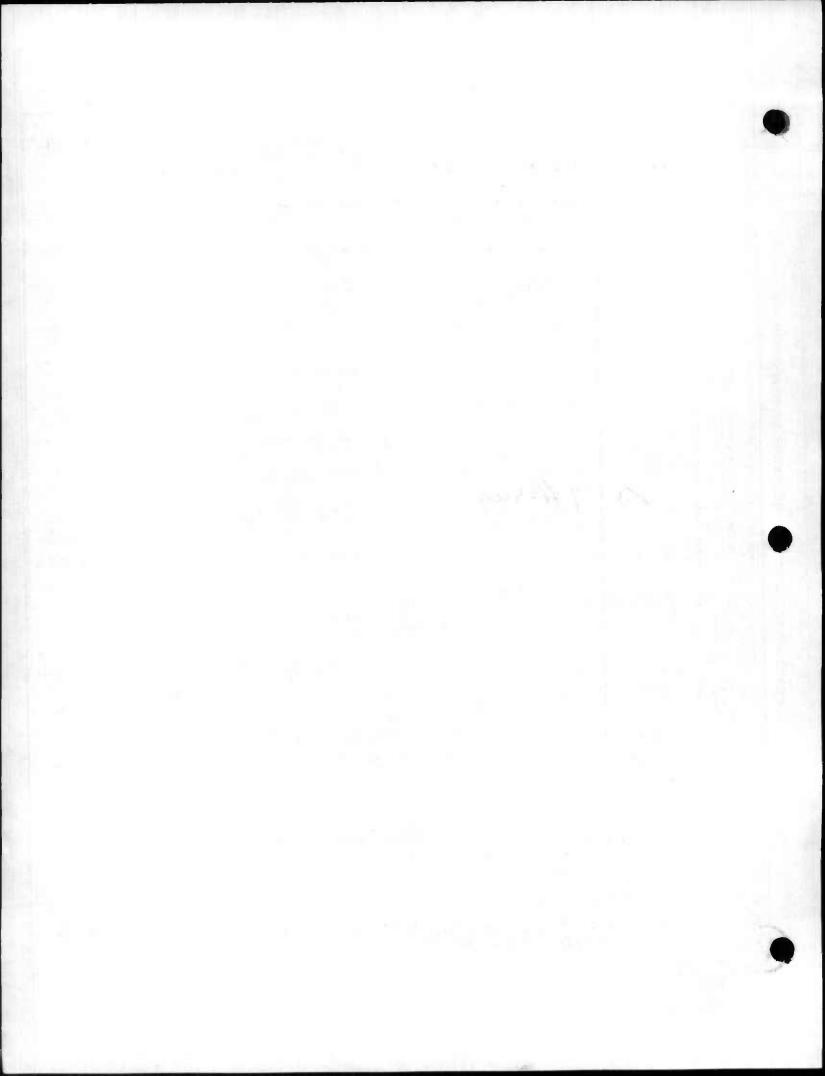
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BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. So certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the stand what hygher prior to bunal cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit before the property of the p	THE STREET IN THE PARTY OF THE PROPERTY OF THE PARTY OF T

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	- 00/34
		YEAR OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth) Day Year) 7. DATE OF BIRTH (Morth) Day Year) 8. AGE (In yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH (Morth) Day Year) 8. AGE (In yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH (Morth) Day Year) 8. AGE (In yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH (Morth) Day Year) 8. AGE (In yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH (Morth) Day Year) 8. AGE (In yrs. last birthday) IF UNDER 14 HRS. 7. DATE OF BIRTH (Morth) Day Year)	BIRTHPLACE (State or Foreign Country)
TOR		Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore	10d. INSIDE CITY LIMITS? TYN YES 2 NO
FUNERAL	106. STREET AND NUMBER 106. ZIP CODE 109. CITIZE	N OF WHAT COUNTRY?
ВУ	11 MADITAL CTATUS	I. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Che kind of work done during most of working life. Do NOT use retired.)	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
TO BE	James Abner Christian Margaretta Pankey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.	ode) 2121 <i>C</i>
ĭ	Margaretta Christian 2564 Arunah Avenue Baltimore,	Maryland
	15 Source 2 Comment on 3 Removal from State 4 Donaldon 5 Other (Specify) Springfield Baptist 1/18/92	tone, Va
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	Macullah Ct
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arres immediate. Cause (Finel disease or condition resulting in death) a. Complications of S. Aureus Endocadatis	t, Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. Chronic Renal Failure.	years months
CERTI	thet initiated events resulting in death) LAST d. Legisting C	months
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. HIV Eucephalopa Huy 1 YES 2 90	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
HYS	1 Inpetient 2 ER/Outpettent 3 DOA 4 Jursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUR	IED
BY	1 Netural 5 Pending 2 Accident Investigation 20 NOS PROPERTY OF THE PROPERTY	
ETED	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPL	29a. CERTIFIER (Check only one) 20 MEDICAL EXAMINER: On the basis of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the c	suse(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIED	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	13/92
	William Bishai Johns Hopkins Hosp. / 600 N. Volle	St./Balto
	JAN TO 1995 June minister of the	



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physical

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF						REG. NO	-		3. TIME OF D	EATN
	WENDY COWAR	NS							MONTH 1	11	1992	YEAR	9:20	Р
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is 36	YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE (P BIRTH		a. BIRTI	arylar	Foreign
E CH	9e. FACILITY NAME (If not institution, give some state of the state of		ITAL				OR LOCATI		EATN		BAL			TY
DIMECTOR	MD . 106. COUNT	Ý		10c, CIT		ORLOCAT	nore	Ci	ty			10d. INSIDE C LIMITS?		
FUNERAL	2526 Madison	Street				101	212					J.S	WHAT COUNTRY	?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	13.	If yea, sp		ın, Mexica	n, Puerto R	(Specify Yelcen, etc.)	-	14. RACI	E — American Ir k, White, etc.	
201112	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)							JSTRY	Dia				
		Ralph Dawson 18. MOTHER'S NAME (First, Middle, Lest) Catherine Worsley							ey					
	196. INFORMANT'S NAME (Type/Print) Catherine Tho	mas	- 19							or, City or Tov	vn, State, Zip	code) 120	7	
	29a. METNOO OF DISPOSITION Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from State	20b.PLACE cematery, cr	AND DATE	ther plage	d	44	<71 ²	17-9	1000	Arbut			
	21. SIGNATURE OF FUNERAL SERVICE LI	Deto	#	281			Phil		CILITY				.Monro	ре
	23. PART I. Enter the disasses, or ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cau	t causad tha diae on each line Mo Cyst (OR AS A CONSE	e. -		r tha mo	de of dy	ing, sucl	h ee cerdi	ac or resp	iratory arre	et,		Between Deeth
	Sequantially list conditions, if any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa recuiting in death) LAST	G	OR AS A CONSE			cress	7 59	sking	sme.				14.	ear
The state of the s	PART II. Other significant condition	a contributing to	death but not	resulting	in the u	nderiying	g cause (given in		24a. WAS AN PERFO! 1 YES 2	RMED?	24b	WERE AUTOPSY AMAILABLE PRIC COMPLETION D OF DEATH? 1 YES 2	F CAUSE
	2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATN (Che	eck only one)				
- 10	1 VES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	4 🗆 Nu	28c, INJ WO			6 Other		INJURY OCCI	JRED		
	2 Accident Investigation						281. LOCA City o	TION (Street Town, State)	and Number o	or Rural F	Route Number,			
	29e. CERTIFIER (Check only one) 1 **CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 **MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
		_	of examination and/or investigation, in my opinion, death occured at the 29c. LICENSE NUM									i) asim summittee we		

Baltimure, MD

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WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

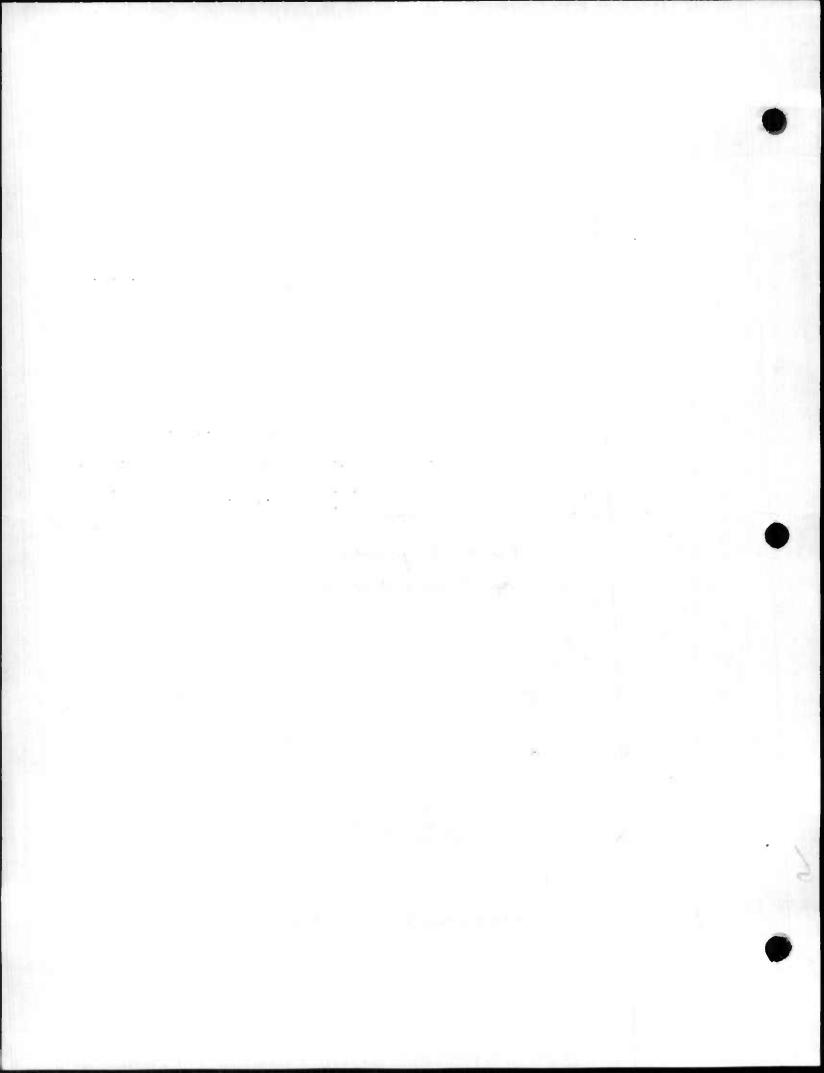
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30. NAME AND AGORESS OF PERSON

31. DATE FILED (Month, Day, Year)

Brad

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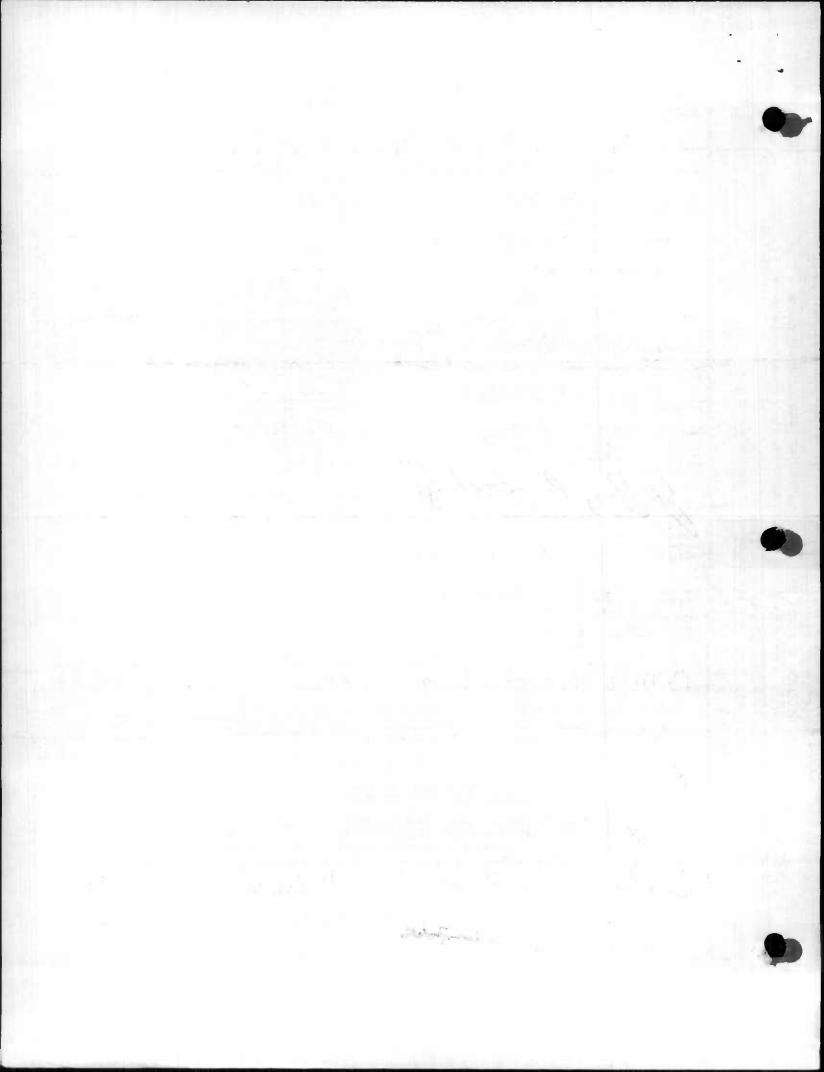


DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH DA	NY Y	3. TIME OF DEATH		
	Robert	Н.		Cas			01- 12	1992			
	4. SOCIAL SECURITY NUMBER	6. SEX	8. AGE (In yrs. lesi	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) AMATCA WEST		
	9a. FACILITY NAME (If not institution, give		04	1110.	ah CITY TOWN (OR LOCATION OF DI	UCT II,	907 J	WHITCH) WILES		
DIRECTOR	4462 FLINTVILL					WHITEFORD HARFORD					
EG	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?		
님	MARYLAND	HARFORD			JOPPA				1 TYES 2 NO		
FUNERAL	329 SWEETBRIAR	Court			101	21085		UNITE	OF WHAT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	. RACE — American Indian, Black, White, atc.			
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIYE WA	A OR DATES			2) NO Specif			Specify: √HITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DE	CEDENT'S ive kind of Do NOT u	WORLD OCCUPATE Work done during mo se retired.)	ON ast of working	16b. KIND OF BU	SINESS/INDUS	TRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 100	ARME			AGRICI	HTHE	=		
OM	17. FATHER'S NAME (First, Middle, Last)			VIV.II.E							
BE C	JOHN ROBERT MARLEY CASS ELIZA H. MILLER										
10	196. INFORMANT'S NAME (Type/Print)	. EDDY		529	SWEETBI		Poute Number, City or Tow		21085		
	20e. METHOD OF DISPOSITION	novel from State	20b. PLACE other pla	OF DISPO	SITION (Name of ca		-		y or Town, State		
	1V Buriel 2 Cremention 3 Removal from State 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE DARLINGTON CEMETERY DARLINGTON, 11D 22, NAME AND ADDRESS OF FACILITY										
	Jeffrey P. Lovelidge HARKINS FUNERAL HOME, INC. DELTA										
	23. PART I. Enter the diseases, or	complications that	caused the de	sth. Do	not enter the mo	ode of dying, suc	ch as cardisc or resp	iratory srres			
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition										
2	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
FIC/	CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	PART II. Other significant condition	ons contributing to o	death but not i	resuiting	in the underlyin	g ceuse given in	Part I. 24e. WAS AF		24b. WERE AUTOPSY FINDINGS		
EDICAL	Chame M	1 tructiv	· lu	29	Disex	m	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MED								OF			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C	heck only one)				
PHYS	1 YES 2 NO	1 Inpatient 2 I		28b. Tf		ne 6 🗆 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Da	y, Year)	16	IJURY W	YES 2 NO					
ED BY	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At he	ome, ferm,	atreet, factory, offi-	ce	261, LOCATION (Street City or Town, State	end Number or	Rural Route Number,		
ETE	4 Homicide determined										
COMPLET	(Critick Only						e to the causs(e) end me e time, date and place, e		cause(e) end manner as stated.		
EC	290. INGNATURE AND TITLE OF CERTIF	ER /	1			29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day, Year)		
TO BI	Danch, M	mehr	mp			1076	4	1 6	113192		
F	MANE AND ADDRESS OF PERSON W							72-			
	Dante U. Mon	22/000000000	., 622	S. U	Jnion Av	e, Havr	e de Grac	e, MD	21078		
	JAN 16 1992	- Unate	S SIGNATURA	100	37						



REG. NO.

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

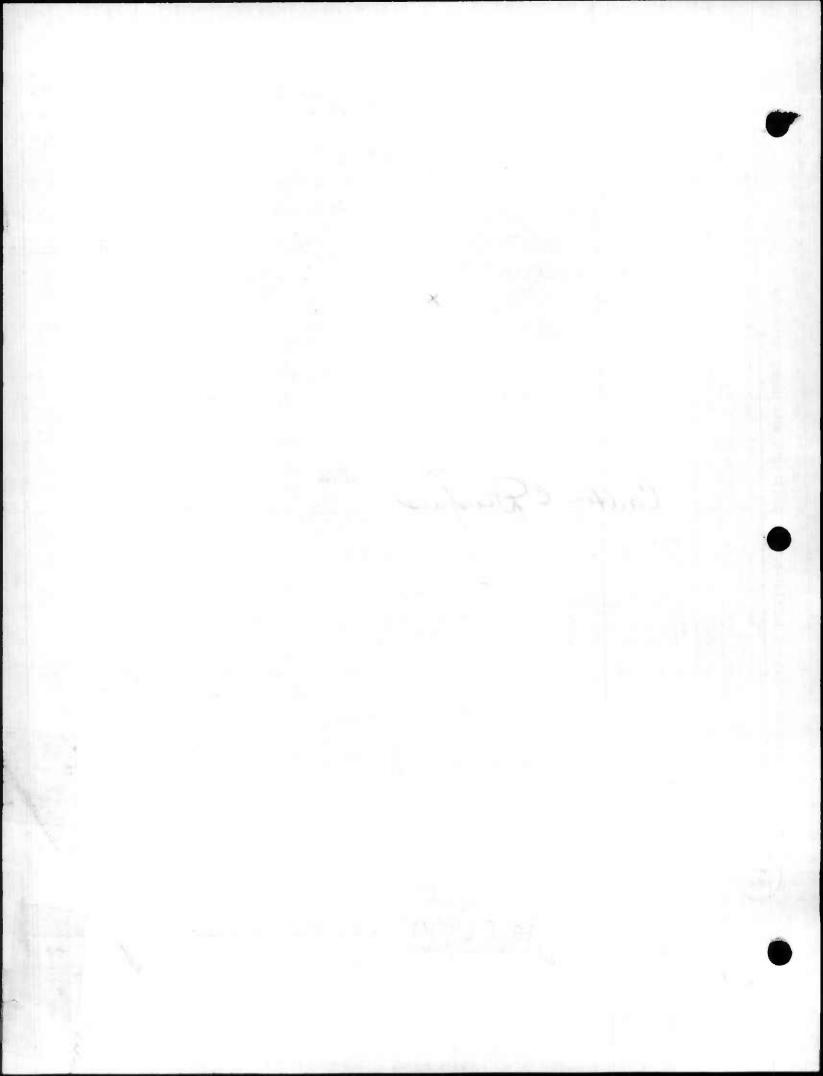
1. DECEOENT'S NAME (First, Middle, Last)

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200	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 88760,	THE OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 bours after
5	OR
	TEN

3. TIME OF DEATH COSTLEY JERNETTE 92 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF MIRTH (Manth, play, Year) B. BIRTNPLACE (State or Foreign 214-52-3468 1 M 2 F 41 HOURS use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORL BOLTIMERE RESIDENCE OF DECEDEN 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BOLTINORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 579 CALHON 57. USA 21223 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Puerto Rid 1 ☐ YES 2 ☑ NO Specify: IF YES, GIVE WAR OR DATES Specify: BLACK BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) 1 2 for College (1-4 or 5+) detached unemployed laborer once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) RUBIN SYKES director, page 5 should be 75 BUATROCE BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20877 Mg. 77 Joseph Paul Costley 17628 Sequoia Drive Gaithersburg, 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Garrison Forest Vet 1 - 1Balto. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Douglass Funeral Service in by the f ouglass 1701 McCulloh medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause of each line. Approximata Interval Between 0 filled **IMMEDIATE CAUSE (Finel** Onset and Death the cremation, disease or condition_ HEART and completely for burial, cremation FAILURE event, resulting in death) 14125 DUE TO (OR AS A CONSEQUENCE OF): DURIUS MPH traumatic CERTIFICATION Sequentielly flet conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to the attending physician in Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING DRUG ABUSE TRAVENOUS TUANS CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 been signed by the attention of Health and Mental F. 3 shows any injury, or PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? PERFORMED? 1 YES 2 NO 1 TYES 2 TONO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) ltem mean certificate h h the State I d, or Item EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF OEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After the ВУ 2 Accident 28a, PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 66 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: 28 4 Nomicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED Month. Day, Year) BE 01/10/12 2 30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VAYLO CRUENT BOLT-21201 5. ST. 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2+1



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be thed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	-IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND I	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Joseph	M. Co						MO	TE OF DEATH	MY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 183 22 0837	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(Mc	E OF BIRTN		8. BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s			1113.	Oh CITY	TOWN C	OR LOCATI	ON 05 D	6/	12/193			sylvania
DIRECTOR	4008 Ritchie H						ore	ON OF DE	EAIN			nne A	Arundel
RE(10a. STATE 10b. COUNT	Υ		10c. C/1	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY
AL DI	Maryland Ann 100. STREET AND NUMBER	e Arunde	1	Ba	1timc		ZIP COD	E			10a CITI		LIMITS? 1 YES 2 NO HAT COUNTRY?
ER.	4008 Ritchie Hi	ghway					212	25				S.A.	nar cookini,
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 AR OR DATES	ARMED NO	111	yes, spe	ENDENT C	F NISPAN	in, Puert	GIN? (Specify Yes o Ricen, etc.)			
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, I	DECEDENT'S	USUAL OC	CUPATIO	ON .		1	6b. KIND OF BU	SINESS/IND	USTRY	White
COMPLETED	Elamentary/Secondary (0-12) 10th Grade	College (1-4 or 5	·) "	(Give kind of life. Do NOT u. Bar Te	se retired.)					Shera			
SON	17. FATHER'S NAME (First, Middle, Last)								ME (First	, Middle, Malden		Ocel	
BE (M	Michael J	oseph (Connel	1					Collins			
5	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Aural F	Route Nu	mber, City or Tow	n, State, Zip		
-	Anne Connell			4008	Rito	hie	Hig	hway	Z E	altimo:	re, M	aryla	and 21225
	20b. METHOD OF DISPOSITION 10f. Burlat 2 Cremetor 3 Cremetor and Company of other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex) Company of other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex) Company of the place) AND ST. Veterans Cemetery 11-13 Crown State												
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE	TIM D	ve ve	J. 22, N.	AME AN	D ADDRES	SS OF FAC	CILITY				
	* Lana?	n Zan	miss	eusk	Ge 40	org	e J.	Gor	nce	Funera:	1 Home	e P.	Α.
	23. PART I. Enter the diseases, or o	omplications the	caused the	death. Do	not anter t	ha mod	da of dyl	ng, such	HWY	rdiac or reap	Imore	Md.	21225
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or als a consequence of p):												
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
E		d											
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but not	resulting	n tha und	arlying	causa g	iven in i	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 3													1 YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF DE	EATN (Che	ock only	one)			
HXS	27. MANNER OF DEATH	1 Inpatient 2 I		3 DOA 286, TIM	4 Nurair	8c. INJU		sidence					
ВУ Р	1 Natural 5 Pending Investigation	(Month, D	ly. Year)	INJ	M M	1 Y	ES 2	NO NO	280. DI	SCRIBE NOW II	NJURY OCCI	URED	
ETED	3 Suicide 8 Could not be determined	28e. PLACE Of building,	FINJURY — At h	nome, term, s	treet, factor	y, office			28f. LO Cit	CATION (Street a y or Town, State)	nd Number o	y Rural Ro	ute Number,
COMPLETED	MEDICAL EXAMINE	CIAN: To the beat of R: On the beats of as	my knowledge, d amination and/or	leath occurre	d at the tim	e, data a	and place,	and dua t	to the co	euse(a) and man	ner as state	d. cause(a) :	and manner sa stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER White Could be a second of the country of	aluful MM D24356 1/9/9											
	Um. C. Water	COMPLETED CAUS	SFA	EM 27) (Type,	900	Ca	for	Acre		Bult	- /	ul.	2129
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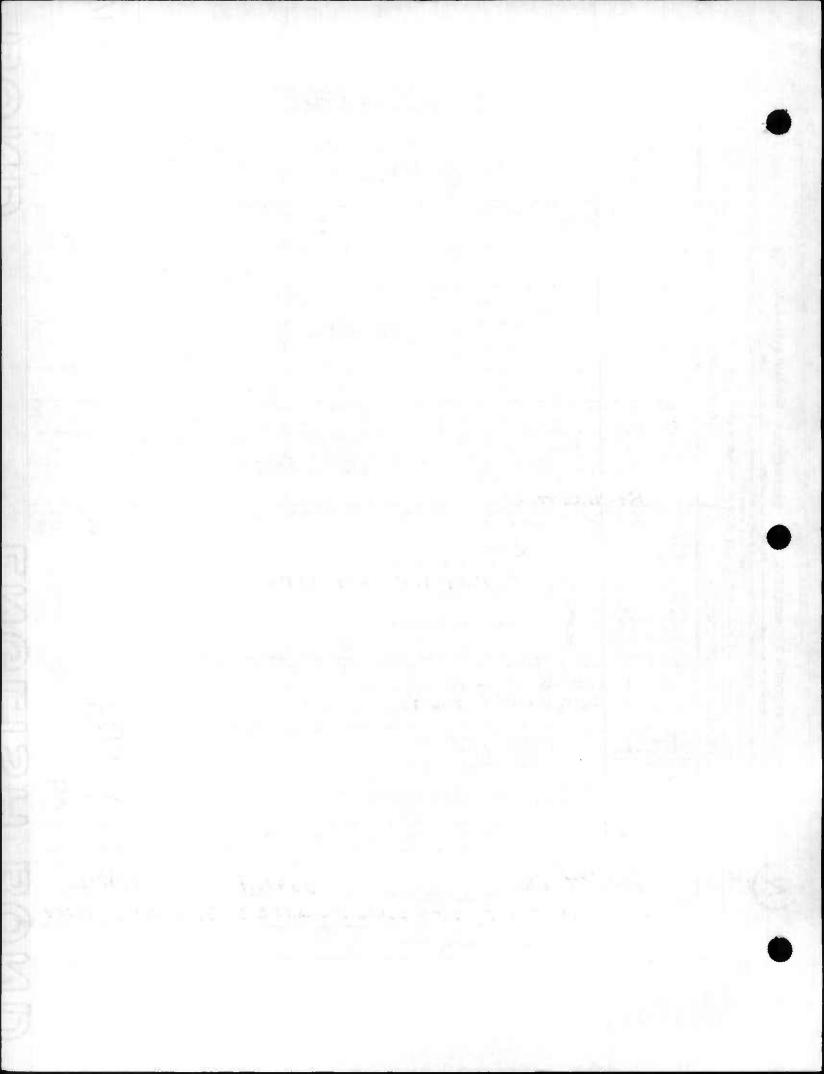
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou		
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PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	page		arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	OERTIFICA	ATE OF	DEATH AND N		YGIENE EG. NO.		· · ·	
	1. DECEDENT'S NAME (First, Middle, Last) ROSARIA,	A. (efalu				-14-9	YEAR 7	1 43 PMM	
	The second secon	DM 2 XF 60	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month, Dey, Year) Country 07-23-25 Mar			ACE (State or Foreign	
OB	St. Joseph How	PITAL		Towson	M	,	90.000	. Co		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON ,	42		10	d. INSIDE CITY	
LD	M d			Bal	ZIP CODE	_	10o, CIT	IZEN OF WHA	YES 2 NO	
FUNERAL	2801 Hamilton Ave				21214			S.A.		
B	11. MARITAL STATUS 12 1 X Never Married 2 Married 3" Wildowed 4 Divorced	U.S. ARMED 2 [XNO ITES		NDENT OF HISPAN cify Cuben, Maxica 2 X NO Specify	n, Puerto Rican		14. RACE — Black, W Specify: White	American Indian, Thite, etc.		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 12 YYS	ON npleted) College (1-4 or 5+)	18e. OECEOENT'S USU (Give kind of work life. Do NOT use ret Clerk	done during mos	N t of working		of Business/in			
OM	17. FATHER'S NAME (First, Middle, Last)	27.72	CICIN		16. MOTHER'S NA		le, Maiden Surname)			
BE	Giovanni Cefali	u	10h MAII ING ADI	DBESS (Street or	France		Palmisar			
2	THE SECOND SECON	own			Ave., B		wn, State, Zip Code) 1. 21214			
	20s, METHOD OF DISPOSITION 1	from State 20th	PLACE AND DATE OF COMMENTS OF	DISPOSITION	Name 1-17-9	DATE	Balto.,		, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS ROY H. Cather Roy H. Cather	SEE	w cauleurai	22. NAME AN	D ADDRESS OF FA	CILITY			to.,Md.21214	
CERTIFICATION	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death SEPSIS DUE TO (OR AS A CONSEQUENCE OF): LUNARY TEACT TWFECTION DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST List only one cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. DIABETES MELLITUS PSEUDOBULBAR PALSY 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 10									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)				
IVSI		Inpution 2 ER/Outp		-	5 Residence		oedily) BE HOW INJURY O	CCURED		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO					-	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	OF INJURY — At home, farm, street, factory, office eg. etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								ind manner as stated.	
TO BE C	29b. SIGNATURE INVESTIGATION OF CHITTIES	W.			29c. LICENSE NUI		29d, DA	TE SIGNED (M	Inth, Day, Year)	
	JOHN D. MIL	TO, MD	1600 OSL	er Dr	SUITE	213	Towson	, MD	21204	
	31. DATE FILED (Morgh, Soy, Year) 1992	32. REGISTRAR'S SIGN	ATURE Handell							



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e death certificate be executed within 2 murs after death. Page 6 may be retained by the hospital or attending physician.	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit pr Mental Hyglene prior to buriat, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020

ermit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANIC THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 must after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or amoval.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

_				- Mar 1 1 1 1 1	TOTTI	- 0.			HEG.	VO		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
- 1	Joseph	Ε.	Day	vidge					0 1 1	3 1	9 9 2	4:40 P M
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HDS	7. DATE OF BIRTH	,	-	HPLACE (State or Foreign
	217-38-0433	1 M 2 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year 12-7-]	040	Count	77)
- 1			31	rna.					12-7-1940			" Md
	90. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF D	DEATH
5	XXXX Chrysler	Avanua	Palto N		Pa	1 + 4	more					
61	RESIDENCE OF DECEDENT	venue.	Dallo. I	1.7	Ба	1 1 1	III D T E					
Ü	100. STATE 10b. COUNTY			JOC. CIT	y, JOWN O	R LOCAT	ION					10d. INSIDE CITY
5	Ma			Bai	timor	.e						LIMITS?
<u> </u>	10e. STREET AND NUMBER						. ZIP COO	_				
MA I		4				100						WHAT COUNTRY?
FUNERAL DIRECTOR	5622 Chrysler	Ave					۷.	1207		U	SA	
5	11. MARITAL STATUS	12. WAS OECEDEN' FORCES? 1	EVER IN U.S.	RMED	13. \	MAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify	Yes or No-	14. RAC	E — American Indian,
	1 Never Merried 2 Married	IF YES, GIVE W		JNO	- 1 - 3	YES	2X XNO	m, Mexice Specifi	n, Puerto Ricen, etc.)		Spec	k, White, etc.
BY	3 Widowed 4 Divorced						7491				0,000	"" Black
COMPLETED	15. DECEDENT'S EDUC	ATION	16e. I	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF	BUSINESS/IN	OUSTRY	
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 +		Give kind of the Do NOT us	work done o se retired.)	during mo	st of working	ng				
리	101101101101101101101101101101101101101	1 Yr	'						Now Co	mmuni	ty C	ollege Balto
≥	17. FATHER'S NAME (First, Middle, Last)	<u> </u>									Ly C	orrege barto
									ME (First, Middle, Mei	len <i>Surname)</i>		
BE	Emil P. Davidge						Ko:	se J	enifer			
2	19e. INFORMANT'S NAME (Type/Print)								loute Number, City or			
F	Peggy Davidge			5622	Chry	sle	r Ave	enue	Baltin	ore.	Md 2	1207
	209. METHOD OF DISPOSITION		20h PLAC	E AND DATE						LOCATION -		
	1 A Burlet 2 Cremetion 3 Remo	val Irom State	cemetary, c	rematory or o	they place	TION (Na	me or					
	4 Donation 5 Other (Specify)		Lec	Jar H		eme	tery		11792 Anne Arundel Co, Md			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME AND ADDRESS OF FACILITY March F/H West							
	· uoo	4700	2						Avenue			
	23. PART I. Enter the diseases, or c	0000		500								
7	shock, or heart failure. I	Con	JULE OR AS A CONS	9	less	Ri	L	Ubo	nd of	the	ud	interval Between Onset and Death
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evanta resulting in death) LAST	PACKARE DE	OR AS A CONS									
	PART II. Other significant conditions	contributing to	dooth hut not	an audalm -	la Africa	direct days	12.80				-	
EDICAL	TANT II. Othan significant continuity	contributing to	oaatn but not	resulting	in the un	deriying	cause o	givan in	Pert i. 24a. WAS	AN AUTOPSY ORMEO?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ਰ ∥									YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
												YES 2 NO
- 1									-			2 .63 2
₹	25. WAS CASE REFERRED TO MEDICAL					26 04	ACE OF D	EATH OL	ck only one)			
2	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (C/IE	ck only one)			
<u>×</u>	1 X YES 2 NO	1 Inpatient 2			_	ing Hom	• 5X Re	sidence	6 Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY y, Year)	28b. TIM	E OF URY	28c. INJ	URY AT		28d. OEŞCRIBE HO	V INJURY O	CUREO	
à	1 Natural 5 Pending 2 Accident Investigation	01 13	1992	4 . 3	OP	1 🗆 1		NO	Subje	ct el	not =	rell
	Suicide 8 Could not be	280. PLACE OF	INJURY - AL	ome, lerm,		ory, office	,		261. LOCATION (Stre	et end Numbe		Route Mimber: 5-24
回	Homicide daterminad	building,	etc. (Specify)						City or lown, Sti	(0) 5622		ELLW.
w I	29e. CERTIFIER		home-							rysl		venue, MD
COMPLETED	(Check only											
5	2 MEDICAL EXAMINER	: On the basis of ex	r Investigatio	n, In my o	pinion, d	ath occur	red at the	time, date end place,	end due lo l	he cause(s	and menner es stated.	
	190 SIGNATURE AND TITLE OF CERTIFIER	//					200 1100	TAICE AND	nen	Lancas		
8	1/10	4 11 m				1	AVC. CIU	NSE NUM	DER	29d. DA	E SIGNED	(Month, Day, Year)
2	TO SIL	1,000					0	. C . N	1.E.	0	1_14	1992
	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (IT	EM 27) (Type,	Print)							
	THE T. PERET	1/32, PEGATRAL	SIGNATURE	1 Pe	nn S	S	eet,	Ва	1timore	Mar	vlan	d 21201
	JAN 16 1992	32. PEGISTRAI	avidson-	pandel	6							

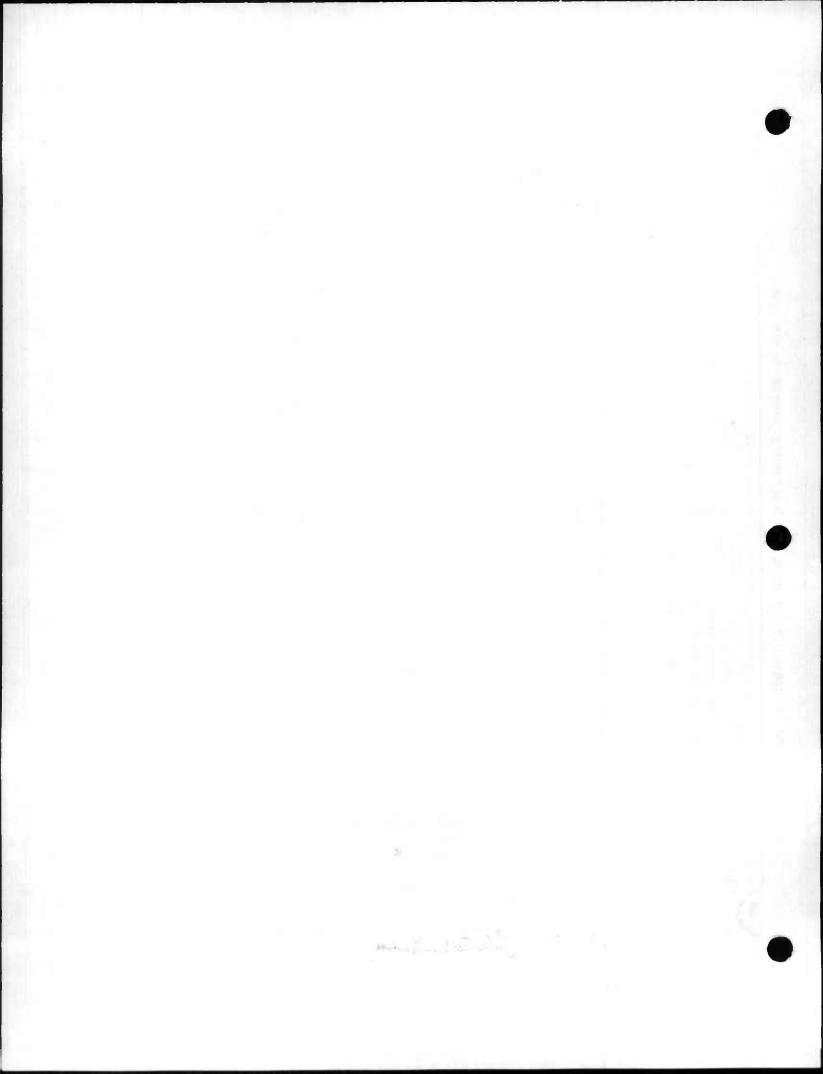
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH	MENTAL HYGII	NE	1100	00/1	7 1	
	1. DECEDENT'S NAME (First, Middle, Last) CARROLL DAY					2. OATE OF DEATH	DAY	YEAR 3	. TIME OF DEA	ТН	
		5. SEX 6. AGE ((In yrs. last birthday)			JANUARY	14,1	992	8:00		
		1√2 M 2 □ F 68		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-23-19	23	8. BIRTHPL Country)	Va	oreign	
TOR	CHURCH HOSPITAI		ION	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY							
DIRECTOR	MD . 10b. COUNTY			Y, TOWN OR LOCAT BALTI		ON 10d. INSIDE CITY 1 MITS?					
FUNERAL	100. STREET AND NUMBER 1230 E. Eager Str	eet		101	21202		10g. CITIZ		AT COUNTRY?	NO	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO				NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No —	14. RACE - Black, V	- American Indi White, etc. 3 lack	en,	
G	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	18e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF I	USINESS/INOU				
COMPLETED	(Sine kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) College (1-4 or 5+) Th										
ő	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maid	en Surname)				
BE	Howard Day				Maria '						
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1					
	Mildred perry					Baltimo					
	20e. METHOD OF DISPOSITION 1 (V) Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary,										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West										
	I ladio i	Danes		4300	Wahash	Avanua					
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused st only one cause on ar	tha death. Do rach line.	ot antar tha mo	da of dying, auc	h aa cardiac or ras	piratory arre	at,	Approximination		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)										
z	DUE TO (ON AS A CONSEGUENCE OF):										
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
	DADT II Other conditions conditions								<u> </u>		
MEDICAL	PART II. Other aignificant conditions	contributing to cauth of	ut not rasulting i	n the underlying	cause givan in		N AUTOPSY DRMED? 2) NO	AN CC OI	ERE AUTOPSY FI AILABLE PRIOR DMPLETION OF C F DEATN?	TO	
ÿ											
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
HY	27. MANNER OF GEATN	28e. DATE OF INJURY	28b. TIM			8 Other (Specify) 28d. DESCRIBE NOV	INJURY OCCU	RED			
ВУ Р	1 Pending 2 Accident Investigation	(Month, Day, Year)	843	URY WOI	RK? ES 2 NO			1120			
COMPLETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, s	treet, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ž.	290. CERTIFIER 1 CERTIFYING PHYSICU	AN: To the beat of my knowle	edge death occum	d at the time, date	and alone and due	to the second of and a	na is				
MO	one) 2 MEOICAL EXAMINER:	On the besis of examination	end/or investigation	n, in my opinion, de	eath occured at the	time, date and piece,	end due to the	ceuse(s) er	nd manner es st	ated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mad.	Geria	list	29c. HCENSE NUN				orth, Dey, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEA	TH (ITEM 27) (Type,	Print)	n Ba	eso. Mi	2/1	o cho			
	31. DATE FILED (MONAN 16 199	32. REGISTRAR'S SIONA	dson Range					70			

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TO THE HOSPITAL OR ATTRONDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Panes 1 2, 3 sho		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF	TO THE FUNERAL DI	be filed within 72 hou	IMPORTANT: If ite

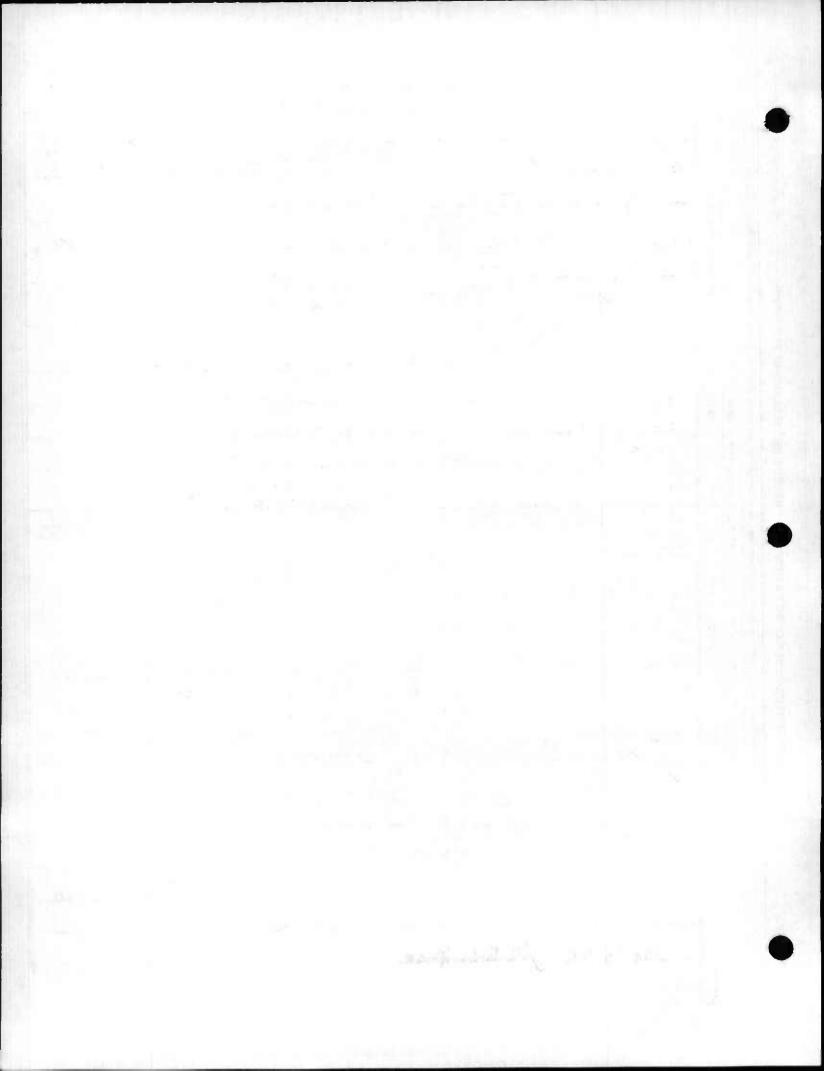
92 00742 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR OHOL FREDRIC JAN 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 3034 18 YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR AL LURAMILL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PARYLAND HAL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? URAMIN 21231 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) OFING 500 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OKoi BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AS 20a. METHOD OF DISPOSITION
1
Burlal 2 Cremation 3
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State OUNTERSMATOR 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SVARS 8800 HARFO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. Liet only one ceuee on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 0 resulting in death) DUE TO OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAR ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 🗆 Nu ne 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural S Pending investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) COMPLETED 6 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER (Check only 1 December 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TIFLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) D35411 2 AD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

IAN 16 1992



OHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

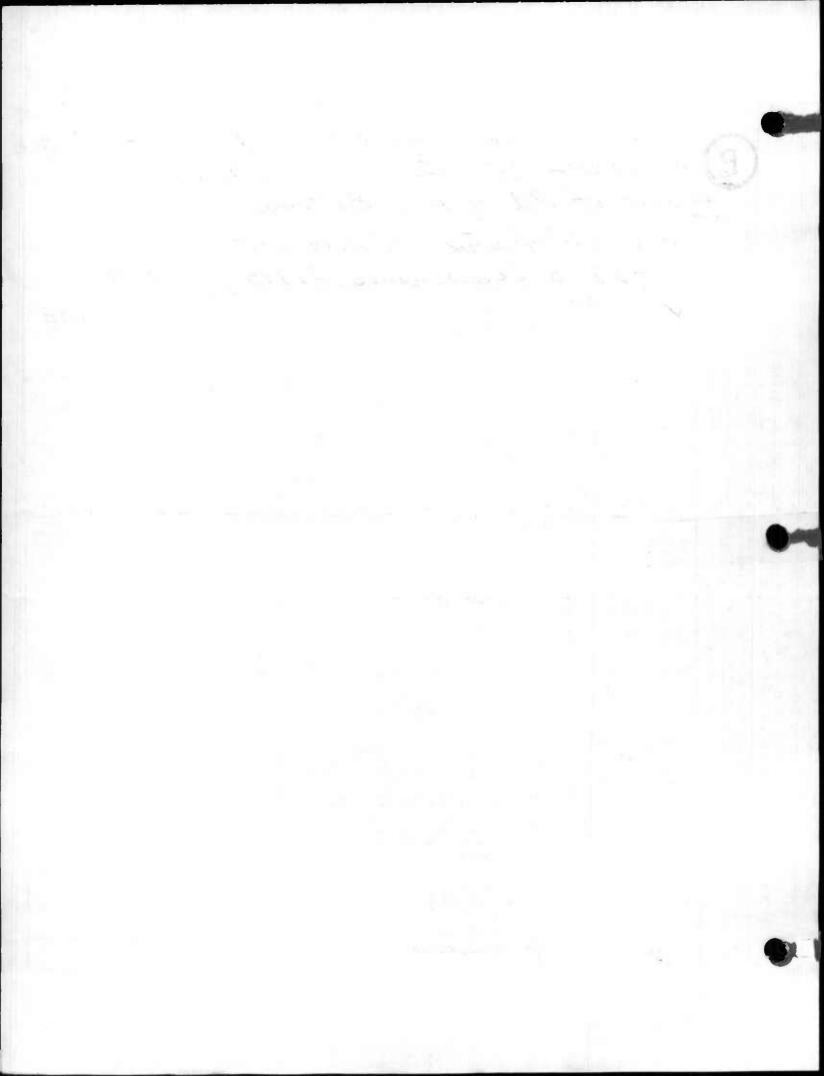
AGENTS OF COMPLETED BY CT	MOITECHAIR CALICIONIA VA CATA GARACTA CA
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
rai,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit pe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourth of the death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR JOHN DO	STATE OF I	MARYLAND / DEPA Jr. CERTI	RTMENT OF I		MENTAL HYGIEN REG. NO		2 00/43
	1. DECEDENT'S NAME (First Middle, Last)		Tolozol			2. DATE OF DEATH MONTH	- 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-03 8493	5. SEX 1 📉 M 2 , F	6. AGE (In yrs. last birthda) 84 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Your)	97 B.B	HRTHPLACE (State or Foreign ountry) VSA
OR	9. FACILITY NAME (4 not institution, give of freelies Ming	etroot and number)	+	// //	LOCATION OF DE	EATH	9c. COUNTY	DE-DEATHN/A
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	N/A-		TY, TOWN OR LOCA	RE 1	M.D		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
ERAL	100. STREET AND NUMBER 2449 Shu	lan av	•	10	2/2/5		10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARMED I YES 2 ANO MAR OR DATES	If yes, o		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade	e completed)	(Give kind o	'S USUAL OCCUPATI of work done during m use retired.)	ON est of working	16b, KIND OF BU	SINESS/INDUST	RY
MPLE	6 Vears -	Coffege (1-4 or 5	tai:	lor	,		thing	
	17. FATHER'S NAME (First, Middle, Last) John Dolezal				12.00	ME (First, Middle, Melden Smrcina	Surname)	
) BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILi	NG ADDRESS (Street	-	Route Number, City or Tox	m, State, Zip Cod	e)
2	Patricia Culo		471	3 Woodle	ea Aven	ue Baltir	nore,	MD 21206
	2te. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donatten 5 Other (Specify)	1	other place)	edeemer	metery, cremetory or		cation — chy Ltimor	
	21. SIGNATURE OF FUNERAL SERVICE LI	Talan		John		neral Hor Raven Bly	110	1to., MD 21204
NO	23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	s. Oue To b. Ales		erheal on: Hear	201111	are the second	lratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSEQUENCE	OF):				
MEDICAL	PART II. Other significant condition		molliles	g in the underlying		PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O	ER/Outpetient 3 DO/ F INJURY 28b. 28b.	TIME OF 28c. IN	JURY AT DRK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At home, fari , atc. (Specify)			281. LOCATION (Street City or Town, Stets		Rural Route Number,
COMPLET	CONSULT OFFI		of my knowledge, death occ					ouse(s) end manner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	el fe	in n	D	29c. LICENSE NU D 050	MBER 22	29d. DATE 9	GNED (Morith, Day, Year)
ТО	30. NAME AND ADDRESS OF PERSON W MANUEL LEVIN		USE OF DEATH (ITEM 27) (T		# 2	AFTIMO	of MC	21215
	31. DATE FILED (MORTH, Day, Year) JAN 16 1992	tena Ja	MAR'S SIGNATURE					



FOR

	1 - STATE OF MARY	LAND / DEPART	MENT OF I	IEALTH AND M DEATH	IENTAL HYGIEN REG. NO		00/1;1;
	1. DECEDENT'S NAME (First, Middle, Last) Betty Jane	Deard	erft	2	2. DATE OF DEATH	ž 9	SEAR 3. TIME OF DEATH
)	218-24-1382 10 M2 DV		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	/28	BIRTHPLACE (State or Foreign Country)
108	98. FACILITY NAME (If not institution, give street and number) RESIDENCE OF DECEDENT	050	Ba.	OR LOCATION OF DEA	тн	9c. COUNTY	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY Washing to	10c. CITY, 1	OWN OR LOCAT	rion	1		10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 407 5 CONOC	school	10	2/79	5	10g. CITIZEI	N OF WHAT COUNTRY?
84	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 NO	tt yes, sp	ENDENT OF HISPANIC ocity Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No — 14	Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of won life. Do NOT use n	UAL OCCUPATION done during monetired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY
MPL	12 17. FATHER'S NAME (First, Middle, Last)	Seamstr	ess				nufacture
BE CC	John William	Obitts	Sr.	18. MOTHER'S NAM	E (First, Middle, Maiden Isabell	Shive	es
TO B	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Tow		ode)
	Mary Ellen McAbee 20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removat from State	b. PLACE AND DATE OF	DISPOSITION (Na	me of	OWN, MD 217	CATION — CIII	y or Town, State
	4 Donation 5 Other (Specify)	reenlawn M				liamsp	ort,MD 21795
	· MajorM. alan		P.0.B0	VE FUNERAL OX # 348 V	williamspo	ort,MD	21795
	23. PART I. Enter the diseases, or complications that cause ahout, or heart failure. List only one cause on disease or condition resulting in death)	ed the death. Do not each line.	enter the mo	the property of the second	aa cardiac or reapi	ratory arrest	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	A CONSEQUENCE OF LAND A CONSEQUENCE OF LAND FOR	ne Mer	e			
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death Convolute Arrest	but not resulting in the state of the state	he underlying	g cause given in Pr	ert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0	26. PL	ACE OF DEATH (Chec	k only one)		
PHYS	1 YES 2 NO 1 Impatient 2 ER/Out 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Ver)		Nursing Hom F 28c, tNJ	e 5 Realdence 6 URY AT RK?	Other (Specify)	NJURY OCCUP	IED
à l	1 M Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 26a. PLACE OF INJUR	Y — At home, farm, atre	M 1 1	ES 2 NO	Ref. LOCATION (Street a City or Town, State)	ind Number or	Aural Route Number,
COMPLETED	29e. CERTIFIER (Check only	wiedge, dasth occurred a	t the lime data	and place, and due to			
WOO	2 MEDICAL EXAMINER: On the basis of axamination	on and/or investigation, i	n my opinion, d	eath occured at the tir	me, data and place, an	d due to the c	ause(s) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	no		29c. LICENSE NUMB	ER	29d. DATE SI	SNED (Month, Day, Year)
21	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pri	nt)	C+		1/	
	31. DATE FILED (Morth, Day, Year) D2. REGISTRAR'S SIGN	NATURE	ere.	31			



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

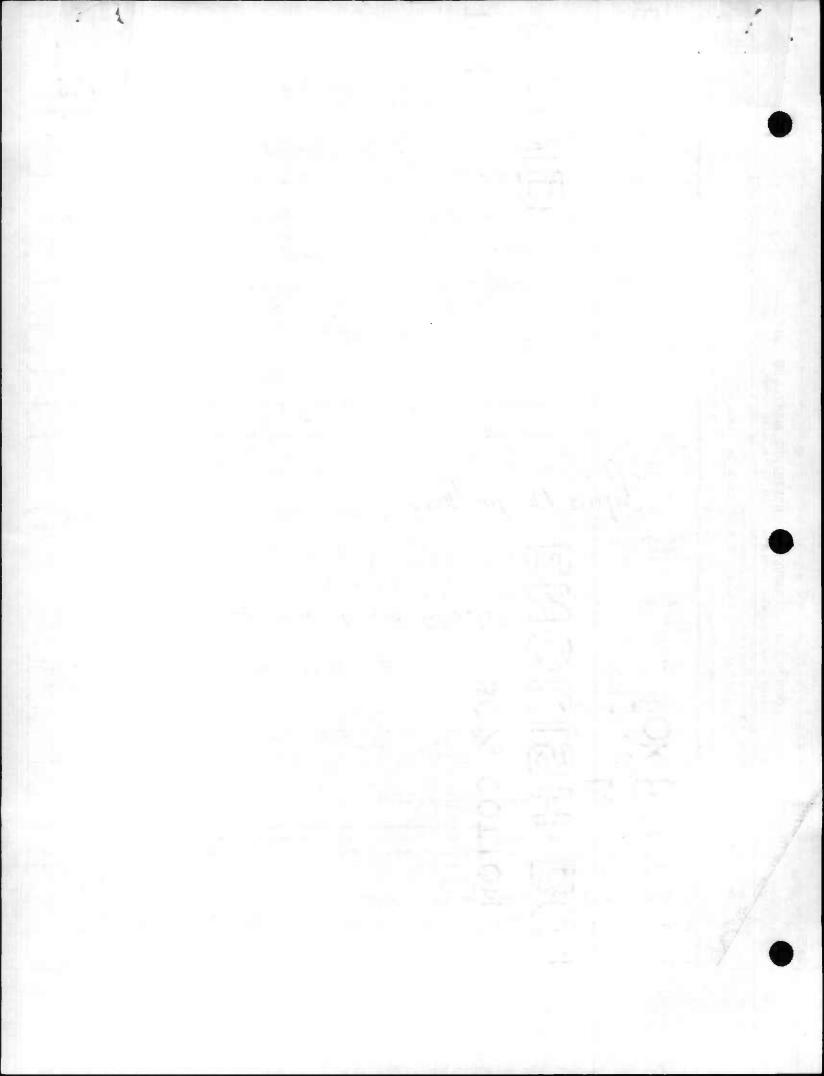
FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

00745 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)			-		. 1		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
-3	Cather	Ine		М.	_	Spos	11	0		14	92	1:30 AM
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign lry)
-7	220 01 41		1 🗆 M 2 💢 F	87	YRS.				12/14/04			aly
~	9e. FACILITY NAME (If not in		street end number)					LOCATION OF OR	EATH		INTY OF I	
DIRECTOR	Mercy Hosp	oital				Bal	time	ore		Bal	timo	re City
S	10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR L	OCATIO	N			_	10d. INSIDE CITY
뜸	Maryland	Ba	ltimore	City		Balt	imo	re				LIMITS?
AL	10e. STREET AND NUMBER						_	IP COOE	-	10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	446 Fawcet	tt Str	eet					2121	1		U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. AE	IMED NO				HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yee or No-	14. RAC	E — American Indian, ck, White, stc.
ВУ	1 Never Married 2 3 Wildowed 4 Divo			WAR OR DATES				XNO Specify			Spec	
	**	EDENT'S EDU	ICATION	16a D6	CECENTIS	USUAL OCCU	IDATION		16b, KINO OF	NIENECC/IN	DUSTOV	WIIICC
ETE		y highest grad		(6	ive kind of w Do NOT us	rork done durir	ng most	of working	100. KINO OF	303WE33/III	DOSINI	
2	Elementary/Secondary (C	,	College (1-4 of 5	" Н	omema	aker						
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)		,			1	IS. MOTHER'S NA	ME (First, Middle, Maid	len Surneme)		
BE C	Car	men	Truski					Nico	olette Ma	ria Ba	ada	
TO B	190. INFORMANT'S NAME (Type/Print)		19					Route Number, City or			
F	Mrs. Cathe		King		446	Faw	cet	t Stree				land 21211
J	20a METHOD OF DISPOSIT 1 A Buriel 2 Cremetic 4 Donetion 5 Qiffer	on 3 🗌 Ren	noval from State			or olsposi or other place leemen		lame		location -	-	own, State Maryland
н	21. SIGNATURE OF FUNERA		CENSEE	m /		-		ADORESS OF FA				3
8	her	m	Burg	y Hin	as				Funeral H		Mar	vland 21211
	23. PART I. Enter the d	Iseases, or	complications th	at caused the d	eath. Do n	ot anter the	e mode	of dying, suc	h se cardiac or re	spiratory s	rrest,	Approximate
	anock, or h		List only one ca	use on each lin	ı.							Interval Batween Onset and Death
	disesse or condition resulting in death)	→	. M	YOCA AS A CONSE	1	ner	che					2 days
	resulting in destiny		DUE TO	OR AS A CONSE	OUENCE OF	F):	1	1				73
Z	Sequentially list condit	tions (b	O (OR AS A CONSE	e /	reat	17	yelve				years
E	if any, leading to imme cause. Enter UNDERLY	diate	-			F):		1 00	. 00			1 1 0
CERTIFICATION	CAUSE (Disease or Injuthat initiated events		W	OYONOMO D (OR AS A CONSE	1	7:	7-	a see				years
H	reaulting in death) LAS	т		o time es		,						!
			d									
AL	PART II. Other significa	ant condition	na contributing to	o daath but not	resulting i	In the unde	riying	cause given in		AN AUTOPSY FORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Diab	eks	Malli	4					1 YES	2 🗌 NO		OF DEATH?
Z	typ	WYON	Slow									1 YES 2 NO
ÿ												
C	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	200	CE OF OEATH (Ch				
PHYSICIAN:	1 VES 2 NO	- 18	1 X Inpatient 2	ER/Outpatient	28b. TIM		g Home Sc. INJUS		8 Other (Specify) 28d. DESCRIBE HO	W IN HIRV O	CCUPED	-
		Pending		Day, Year)		URY	WOR		200. DESCRIBE NO	W INSORT O	CCONED	
ВУ	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At h	ome, farm, s				28f. LOCATION (Str.	et end Numb	er or Rural	Route Number,
TED	4 Homicide	Could not be determined	building	g, etc. (Specify)					City or Town, St	ate)		
E .	290. CERTIFIER 154 CER	TIFYING PHY	SICIAN: To the best of	of my knowledge, d	eath occum	ed at the time	data in	nd place, and due	to the cause(e) end	manner es el	ated	
COMPLET	CONSUM OTHER											(e) end manner ee stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER		-	_	T :	29c. LICENSE NU	MBER	29d. D/	TE SIGNE	O (Month, Day, Year)
BE	/	11/	11/1	MID						•	1/	4/92
5	30. NAME AND AODRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH (ITI	EM 27) (Type,	Print)					- /	1 1 1
	Vin Coulor	k. M	D Mer	ey Wed	ical	Center	r 3	301 St	Paul, Ba	14mc	re	MS
	31. DATE FILED (Month, Day,	16ar)	32. REGISTE	GULLA DE	ids -	Prider	97					
	2.7	ALL VI	DINA	44								



92 00746

1		FOR STATE
1	•	REGISTRAR

Items: 23 part I,27,28a,b,c,d,e,f per MEO 2/11/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH				3. TIME OF DEAT	Н
	VICTOR MARK	ESHELMAN	V				0.1		2	1992	1:19	A.M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			6. BIRTN	PLACE (State or Fo	
	213 02 5215	1 3 M 2 □ F	36	YRS. MONTHS	DAYS	HOURS MIN.	Dov	1.	1965	Countr	RYLAN	2
_	9e. FACILITY NAME (If not institution, give s			9b. Cl7	TY, TOWN	OR LOCATION OF	DEATN	1	_	JNTY OF D	1 1 -	
5	FRANKLIN SQUAR	E HOSPITA	AL	ROS	SSVI	LLE			BAI	LTIM	ORE	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	1	10	Dc. CITY, TOWN	ORLOCAT	TION				-1		
E C	MARYLAND BAI	T CO AGE		0	V) 6					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	111 1118		_ I MK	10	I. ZIP COOE			T 100 CIT	TITEN OF I	1 YES 2 HAT COUNTRY?	NO
FUNERAL	7836 BAGLE	V QIC			"	1170	1		log. Cri	I \ C	COUNTRY?	
S	11. MARITAL STATUS	12. WAS OECEDENT EV	ER IN U.S. ARMED) 13	WAS DEC	ENDENT OF NISP	HIC OBIGINS (Panalhi Va		0.2	- -	
	1 Never Married 2 Merried	FORCES? 1 1	YES 2 NO		If yes, sp	ecify Cuben, Mexic	can, Puerto Rice	n, atc.)	or NO-	Black	- American India , White, etc.	m,
ВУ	3 Widowed 4 Divorced				1 123	2 je NO Spec	шу.			Specif	HiTS	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16e. DECED	ENT'S USUAL	OCCUPATIO	ON set of working	16b. KI	ND OF BU	ISINESS/IN	DUSTRY	11100	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	at or worning	_					
M P	12 yrs.		702	TALLA	1100			ils	Co.			
	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	IAME (First, Midd	fle, Maider	Sumeme)			
H	VICTOR ISSO	WAMIA	TSHET	MAN	NC.	rass	MARY	\Box	Lisa	on S	THERO	20
2	19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AODRES	SS (Street a	nd Number or Rura	I Route Number,	City or Tox	vn, State, Zi	p Code)		
.	20e. METHOD OF DISPOSITION	oras		3MAS	AS	ABOVS						
	1 Buriel 2 Cremetion 3 Reme	oval from State	20b. PLACE AND I	ry or other place		me of	OATE	20c. LC	OCATION —	City or Tox	wn, State	
	4 Donetion 5 Other (Specify) 21. SIGN TORE OF FUNERAL SERVICE LIC	ENSFF \	GAROS.0		- AT	HLEM.	192	Ko	25 DA	151	10.	
	1.00	Λ				ADDRESS OF F		:UE	MOR	خيدي		
	Large De	rans, h		8	300	HARF	ORD 1	COAC		ARK	VILLS	
	23. PART I. Enter the diaeases, or o shock, or heert failure.	omplications that cer List only one cause of	used the death.	Do not ente	r tha mo	de of dying, eu	ch ee cerdled	or reep	iratory ar	reat,	Approxima	
	IMMEDIATE CAUSE (Final										Interval Be Onset and	
	disease or condition reaulting in death)	Cocaine	Abuse									
		OUE TO (OR	AS A CONSEQUEN	ICE OF):								
ON	Sequantially list conditions,	0.	10.1.0010001									
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO TON	AS A CONSEQUEN	ICE OF):								
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUEN	ICE OF):								
E	resulting in death) LAST										j	
뜅											+	
DICAL	PART II. Other eignificant condition	e contributing to dee	th but not recul	lting in the u	ınderiying	cause given in	Part i. 24	. WAS AN	AUTOPSY		WERE AUTOPSY FIN AVAILABLE PRIOR T	
ă							1	YES 2	NO 🗌		COMPLETION OF CA	
BY PHYSICIAN: ME											1 YES 2 N	。
Z												
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only one)					
XS	1X YES 2 NO	1 Inpatient 2 X ER/		OA 4 INU		5 Residence	6 Other (Sp	oecify)				
표	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Ye	RY 28i	b. TIME OF INJURY	28c, INJI WO	RK?	28d. OEŞCRI	BE HOW I	NJURY OC	CURED		
	2 Accident Investigation	1/12/92		kn. M	1 🗆 Y	PE	Uknow					
	3 Suicida 8 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, t Specify)	lerm, atreat, fac	ctory, office		28f. LOCATIO	N (Street a	7836	or Rural Ro	ley Ave.	
<u> </u>		home					Baltır	nore	. Co.		icy mvc.	
릴	29e. CERTIFIER (Check only one)	CIAN: To the best of my k	nowledge, death o	ccurred at the	time, data	end piece, end du	a to the ceuse(s	end mai	nner ea sta	ted.		
COMPLETED	one) 2 X MEDICAL EXAMINE	R: On the beals of axemin	ation and/or invest	tigation, in my	opinion, di	at the	e time, date end	piece, an	d due to th	ne ceuse(a)	end manner ee sta	ited,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER		29d. DAT	E SIGNEO (Month, Day, Year)	
W 100		F 6 4				0.0.1	M.E.		DO:	1-12-	1002	
	Monald & WM				- 1					12	-1992	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF										
	30. NAME AND ADDRESS OF PERSON WHO	MD DCME	11	1 PEN	IN S			10RE			ND 2120)1
	30. NAME AND ADDRESS OF PERSON WHO	MD DCME	11	1 PEN	IN S'			10 R E) 1



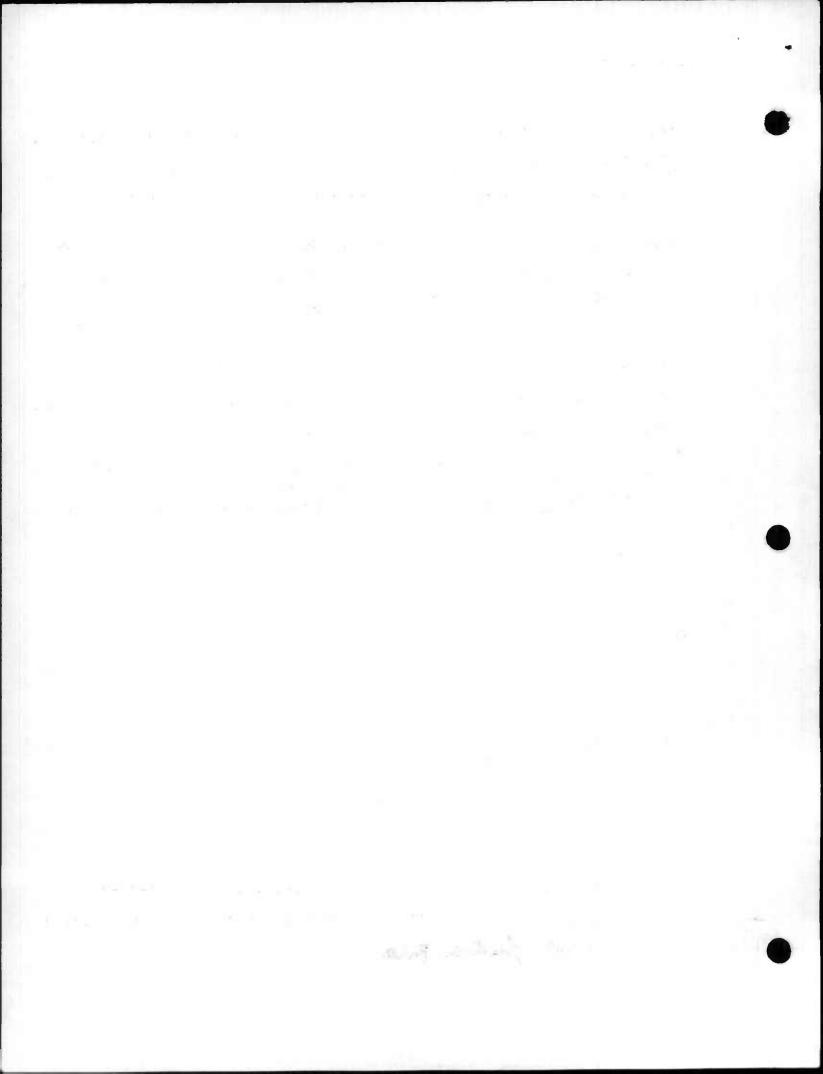
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bundance that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundance permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to bundal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury or other transmatic event the medical eventies, much be matthed as announced
L RECORDS, P.O. BOX 68760,	cuted within	d completely urial, cremati	lir avant ti
BOX	ate be exe	hysician an	comment vi
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0	leath	atten	2
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Ö	s tha	alth a	anv.
₹EC	equire	en sig of Hea	house
1 5	aw r	as be	23 8

2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	TE OF	DEATH		REG. NO).		
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE	OF OEATH			3. TIME OF OEATH
	_James A	lbert	Easte	rlin	œ		O 1		AY 31	YEAR	10.050 #
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth		DER 1 YEAR	IF UNDER 24 HRS.	7 0475	OF BIRTH		992	12:05P M
	446-36-4527	1 M 2 - F	53 Y	NONTH	DAYS	HOURS MIN.	(Month	Day, Year) ie 26	1938	Count	SSOURI
	9s. FACILITY NAME (If not institution, give :	street end number)		9h C	TV TOWN	OR LOCATION OF		20			
œ							DEATH		9c. COL	JNTY OF C	DEATH
DIRECTOR	430 Avenel Circ	le Aparto	ent 10	3 We	stm	nster	<u>. </u>		Ca	rro	11
Ä	10e. STATE 10b. COUNT			CITY, TOWI			-		-		10d. INSIDE CITY
5	Maryland Carr	011	V	lestmi	nste	r					LIMITS?
7	10e. STREET AND NUMBER				10	. ZIP CODE			100 017	TIZEN OF Y	1 YES 2 NO
3	430 Avenel Circ	le Apt. 10	3			21157				SA	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX		1) WAS OF	ENOENT OF HISP	ANC OBION	2 00 10 10			
	1 Never Merried 2XX Merried	FORCES? 1	YES 2 NO	Ι.	If yes, sp	ecify Cuben, Mexic	en, Puerto F	r (Specify te	e or No	14. RACI Blac	E — Americen Indien, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES		1 YES	2X NO Spec	elfy.			Spec	WHITE
	15. OECEOENT'S EOU	CATION	16e. OECEOE	NT'S USUAL	OCCUPATION	ON	16b.	KINO OF BU	SINESS/IN	OUSTRY	WILLE
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)		(Give kin life, Do N	d of work don OT use retired	e during mo	st of working					
19		3 yrs	Commu	nicat	ions	Enginee	er	Elect	roni	cs	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First. N	liddle Meiden	Sumamal		
BE C	Winfred C. Easte:	rling				Lois	M. Ro	binso	n		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAI	LING AOORE	SS (Street e	nd Number or Rura	I Boute Numb	er City or Tou	n State 7	n Cadal	
2	Laura S. Easterl:	ing				ard #107					75067
	20e. METHOO OF DISPOSITION		20b. PLACE AND O				DATE		CATION —		
	1 Buriel 2 CyCremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetary, crematory	or other plec	e)	rne ur	1				
	21. SIGNATURE OF FUNERAL SERVICE LIKE	DEMSEE	Metro Cr			ID AOORESS OF F	T-I	3 Bal	timo	re, I	Maryland
	- m 7/2	010				RD FUNER		ME, I	NC.		
	19. 1 caj	colones	/	4	107	Wilkens	Ave.	Balti	more	, MD	21229
	23. PART I. Enter the diseases or a shock, or heart failure.	complications that ca List only one cause	used the death.	Do not ente	er the mo	de of dying, su	ch aa card	ac or reap	iretory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition resulting in death)	· Noten	scum	The	CAR	RIOVAS	CUL	nan	1001	Sfr	
		OUE TO (OR	AS A CONSEQUENC	E OF):				Ų- I/		4	
Z	Sequentially list conditions,	b									!
CERTIFICATION	if any, leading to immediate	OUE TO (OR	AS A CONSEQUENC	E OF):							
2	CAUSE (Disease or injury	С									
E	that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENC	E OF):							
E	resulting in death) EAST	d									
	PART ii. Other algnificant condition	a contributing to dea	th but not resulti	ng in the	andorfulna	onun alum I	D. A.I.	24a. WAS AN			
EDICAL			and the todal.	ng in the t	maerryms	cause given ii	Part I.	PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							-	1 YES 2	□ NO		COMPLETION OF CAUSE OF CEATH?
Σ							[THE YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: M	EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only one)			
4×S	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER		A 4 🗆 N	ursing Hom	5X Residence	8 🗆 Other	(Specify)			
ᅕ	16 Natural 5 Pending	28e. OATE OF INJU (Month, Day, Ye	JRY 28b.	TIME OF	28c. INJ WO	RK?	28d. OE\$0	RIBE HOW II	NJURY OC	CUREO	
B	2 Accident Investigation			М		ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	IURY — At home, fer (Specify)	rm, street, fa	ctory, office	•	28f. LOCA City o	TION (Street e Town, State)	nd Number	or Rural R	oute Number,
E 1	To home of the hom										
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my I	nowledge, death oc	curred at the	time, date	and place, end du	to the caus	e(e) end men	ner ee atal	led.	
8	one) 2 MEDICAL EXAMINE	R: On the basie of examin	nation end/or investig	pation, in my	opinion, de	eath occured at the	time, date o	end place, en	d due to th	ne ceuse(s	end menner ee stated.
S I	25th SIDNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU		-			1
0	Waster The Vh	W	MM			LVC. LIVENSE NU	mDEN.		29d. DAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE O	F DEATH (ITEM 27)	Type Prints		O.C.M	E			0.1 1	0 1992
	Un runnum 1	1.1/200			_						
- 11-	31. OATE/FILED/Minital Day, Hear)	L-32, REGISTRAN'S	HONATURE	Penr	St	eet. F	alti	more	Mar	y1a	nd 21201
			THE REAL PROPERTY.								All I all a second and a second a second and a second and a second and a second and a second and
	1001 1 0 1000	S. R. B.	12.000								I

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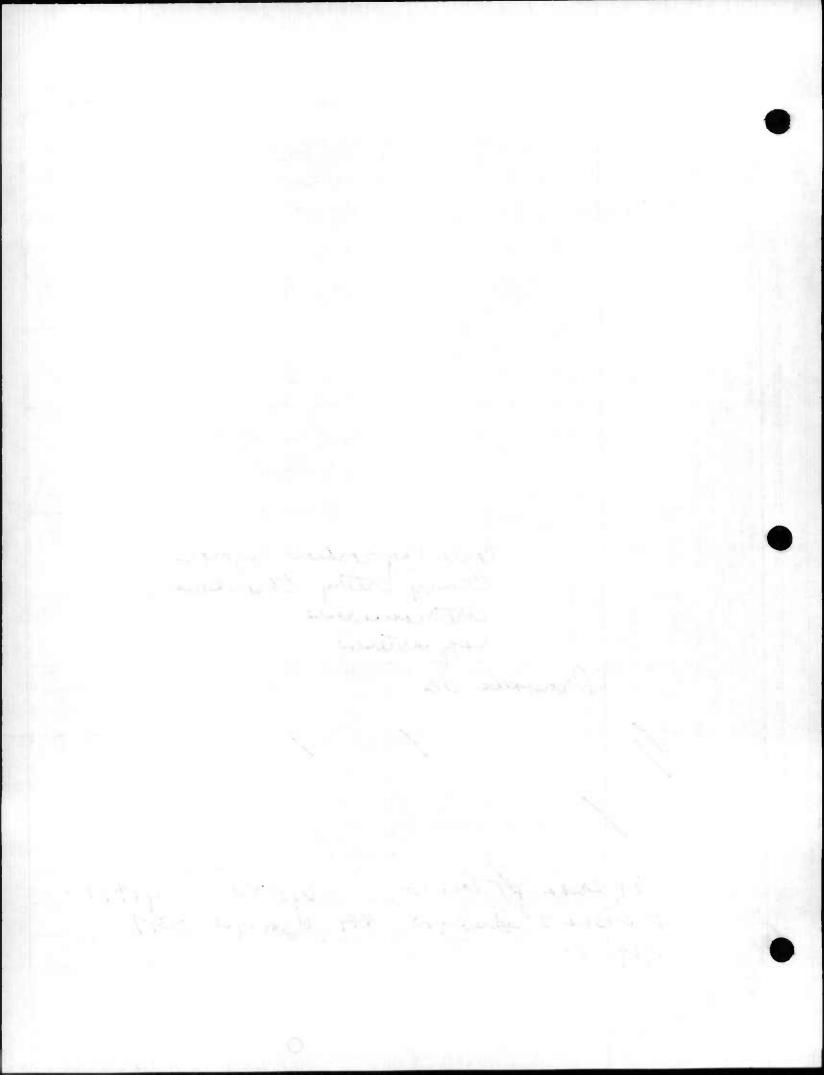
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	est)			DEATH	REG. 2. DATE OF DEATH MONTH		YEAR	3. TIME OF DEATH
		azier, s	r.		1	12	92	
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	,	8. BIRTH Countr	PLACE (State or Foreign
218-03-2686	MXM 2 □ F	90 YRS.			10 2	1		vland
9a. FACILITY NAME (If not institution, gi			9b. CITY, TOWN O	R LOCATION OF D	EATH		TY OF D	
(2.7.0.7 Westwoon RESIDENCE OF DECEDENT 108. STATE 10b. COU	d Avenue		Balti	imore				
10a. STATE 10b. COU		10c, CITY	TOWN OR LOCAT	ION				10d, INSIDE CITY
Maryland								LIMITS?
10e. STREET AND NUMBER		I_Ba	ltimore 101	ZIP CODE		100 CITI	ZEN OF W	1 X YES 2 NO
2707 Westwoo	2 2			21216		log. Citi		
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DECI		NIC ORIGIN? (Specify	Yes or No.	US	A American Indian.
1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, spe	2 NO Specific	en, Puarto Rican, atc.	128 01 110	Black	, White, atc.
3 🔀 Widowed 4 🗌 Divorced			1 123	Z KO NO Specia	y.		Speci	y Black
15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	18a. DECEDENT'S U	JSUAL OCCUPATIO	ON et of weeking	16b. KIND OF	BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	st or working				
		Custod	ian		Balti	more	Co.	Schools
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail	den Surname)		
John Frazie	r			Racha				
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street ar	nd Number or Rural	Route Number, City or	Town, State, Zip	Code)	21207
Raymond W. F.	razier, Jr	. 7002	Paris	Road	Baltimo	re, M	arv	land
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 R		20b. PLACE AND DATE OF	F DISPOSITION (Nan		DATE 20c.	LOCATION - C	City or Tos	vn. State
4 Donation 5 Other (Specify)		cemetery, crematory or other Pleasant		Cemeter	/18/92 V	WSOn.	Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	D ADDRESS OF FA	сіцту			YTANG
* Ogeray	Herrica	ó				1701	Ma	Culloh S
23 DART I Enter the dis-			(13a - 1		/			
IMMEDIATE CAUSE (Fine)	or complicatione that ceure. List only one ceuse of	ised the death. Do no	Chatmot enter the moo	nan-Har de of dying, suc	ris F/H	Balt.	imo	Approximate interval Betwee Onset and Dear
IMMEDIATE CAUSE (Fine)	a. DUE TO (OR A	AS A CONSEQUENCE OF	Chatmot enter the mod	nan-Har de of dying, such	ris F/H the escendlec or re lygare rombt	Balt.	imo	Approximete interval Between
IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	a	AS A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	orth	de of dying, such	the cerdlec or re	Balt.	imo	Approximete interval Between
IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	a	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	orth	de of dying, such	Part I. 24s. WAS PERI	Balt.	24b.	Approximate interval Betwee Onset and Deal Onset an
IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	a	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	orth	de of dying, such	Part I. 24s. WAS PERI	Balt spiratory error AN AUTOPSY ORMED?	24b.	Approximete interval Betwee Onset and Deal Onset an
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92

DHMH-16 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

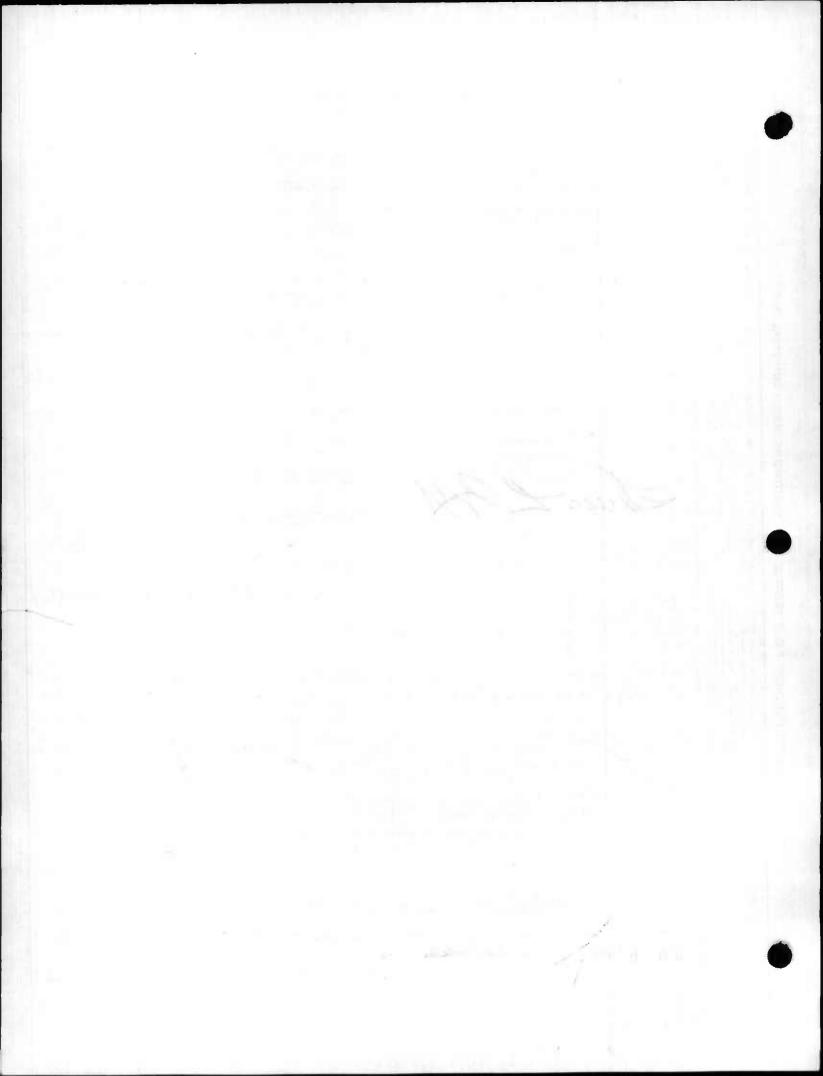
	FOR 1 • STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAI	RTME	NT OF TE OF	HEALTH	AND TH		YGIENI EG. NO.	92	0 (749
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH DA		MEAN	3. TIME OF DEATH
	ROBERT L. FARLEY								JANUAR			92	9:45 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UND	DER 1 YEAR	IF UNDE	MIN.	7. DATE OF B (Month, Day	IRTH			PLACE (State or Foreign
	216-12-9458	1 X M 2 F	68	YRS.					APRIL :		923		RYLAND
oc	9a. FACILITY NAME (If not institution, give st	,			9b. Ci	TY, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF DE	ATH
ē	1622 S. ELLAMON	T STREE	[BA	LTIM	ORE					
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
ā	MARYLAND				BAI	TIMO	RE						LIMITS?
AL	10e. STREET AND NUMBER						H. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
띨	1622 S. ELLAMON	T STREET					212	30		- 1	Į	U.S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. X YES 2 [WAR OR DATES WW II	NO	13	If yes, s	CENDENT (pecify Cube S 2 XNO	ın, Maxicı	NIC ORIGIN? (Sp an, Puarlo Rican ly:	ecify Yes , etc.)	or No-	Black	- American Indian, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a,	DECEDENTS	USUAL	OCCUPAT	ION		16b. KINI	OF BUS	INESS/INE	DUSTRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work don sa retired	e during m !.)	ost of workii	ng					
MP	H/S GRAD		TR	UCK DI	RIVE	ER			ASSO	CIA	CED T	TRANS	PORT
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) JOSEPH FARLEY								OFFMAN	, Maiden S	Surname)		
10	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRE	SS (Street	and Number	or Rural	Route Number, Ci	ty or Town	, State, Zip	Code)	
-	GERTRUDE M. FARL	EY		1622	S.	ELLA	MONT	STR	EET-BAI	TIMO	ORE,	MD.	21230
	20a METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remo	wai from State	20b. PLAC	E AND DATE	OF DISPO	OSITION (N	ame of		DATE	20c. LOC	ATION -	City or Tov	vn, State
	4 Donation 5 Other (Specify)		GLEN	HAVE					1/17	GLEN	N BUI	RNIE	
	21. SIGNATURE OF PUREAL SERVICE LICE	ENSEE /	The	1	H	IUBBA		UNER	AL HOME			RF M	D. 21229
7	23. PART I. Enter the disease, or creehock, pr heert feliure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	at Dniy one cat	ise Dn eech II	ne.	not ente	er the mo	ode of dy	ng, euc	h aa cerdlac d	or reapin	atory em	reat,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS			eon	ARY	UR	FERY	415	CAS	,E .	suce 1474
MEDICAL	PART II. Other algorificant conditions					underlyln Lyng	g cause s	plven in	11/2	WAS AN A PERFORM YES 2 [AED?	1	WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF D	EATH (Ch	gok only one)				
YSI		HOSPITAL:	ER/Outpetient	3 DOA	OTHE		10 5 P	aldenca	6 Other (Spe	cify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1	INJURY ay, Year)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be determined	nome, farm, atreet, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the beat of	my knowledge, amination and/o	death occurre	ed at the	time, date	and place,	and dua	to the cause(a)	and mann	er as state	ed. e cause(a)	and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	- 4-				-	29c. LICE						Month, Day, Year)
0 8	6 Uglew & Bly	Mmi	1)				DO	00	825		>/	1161	192

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. EUGENIO BENITEZ - 3445 WILKENS AVENUE - BALTIMORE, MD. 21229

31. DATE FILED (MORTH, Day, Year)

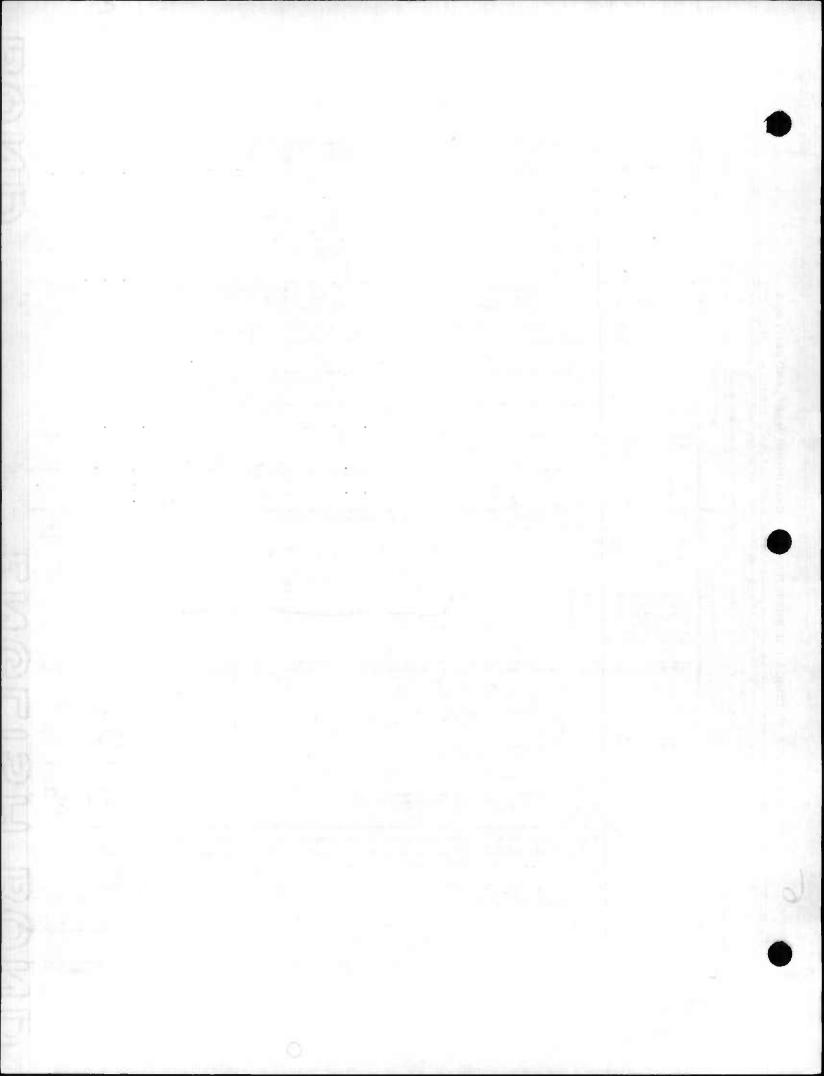
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ath. Page 6 may be retained by the hosp	uneral director, page 5 should be detache	aminer must be notified at once.
cate be executed within 24 nours after de	hysician and completely filled in by the fi e prior to burial, cremation, or removal.	er traumatic event, the medical examiner must be
. The law requires that the death certifi	ate has been signed by the attending patter Dept. of Health and Mental Hygien	tem 23 shows any Injury, or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache failed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		ENTAL HYGIENE REG. NO.	- 007
1. DECEDENT'S NAME (First, Middle, Last)	Henry D					92 3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 248-10-1891 984 FACILITY NAME (If not institution, give	1 (M 2 F	87 YRS. MOI	DAYS HO	OCATION OF OEAT		6. BIRTHPLACE (State or Foreign Country) S. Carolin. COUNTY OF DEATH
1135 N. Strick				imore (City	
MD .	Υ		Baltimo:	re Vity	У	10d, INSIDE CITY LIMITS? #GP YES 2 \(\square\) NO
1135 N. Strict	ker Street			21217	10g. (U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify		CORIGIN? (Specify Yea or No- Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	Ilfe. Do NOT use re	done during most of	working	166. KIND OF BUSINESS. Const. We	orker Union19
17. FATHER'S NAME (First, Middle, Lest) Peter Fro	net		16	MOTHER'S NAME E1:	E (First, Middle, Meiden Sumem Sie Taylo:)) Y
190. INFORMANT'S NAME (Type/Print) Louise Frost	75 C	196. MAILING AD 1135			oute Number, City or Town, State, Street Balt	to., MD. 21217
20a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Ref Donetton 5 to Other (Specify) (21. SIGNATURE OF FUNERAL SERVICE L	Grypt of a	#281	Mem. Pa	arkl-7	+92 Arbu	tus, MD. 7 N.Monroe St, MD. 21217
23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	the death. Do not	enter the mode	of dying, such MCS	as cardiac or respiratory	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A		ic ST	A AA	en A	14.
PART II. Other algnificent condition	CALLAGEA				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		26. PLACE	E OF OEATH (Chec		
27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJURY WORKS	Y AT	28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Nur	
onel only	SICIAN: To the best of my knowl	ledge, death occurred a	at the time, date and	d place, and dua to	City or Town, State) to the cause(a) and manner as	
296. SIGNATURE AND TITLE OF CERTIFI	5 mis	MD.		D 251	BER 29d.	DATE SIGNED (Month, Day, War)
30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF OE		int)	Day.	T, MD.	0.000



permit.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 norm after than 5 must be retained by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the bineral directivities 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
hin 24 noun after death. Page 6 may be retainely filled in by the soneral directio, page 5 sh nation, or removal.
in 24 nous after douth. Page 6 may be ely filled in by the tuneral directiv, page nation, or removal. I, the medical examiner must be
in 24 nous after death. Page 6 ma ely filled in by the tuneral director, i nation, or semoval.
in 24 nous after doub. Page ely filled in by the uneral direct nation, or semonal.
in 24 hours after death. Feely filled in by the sureral nation, or removal.
in 24 hours after de ely filled in by the fu nation, or removal t, the medical era
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IMPORTANT: If item

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 00751 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LEONARD FRANK S. JAN! 1045 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTN (Month, Day, Year) 11/18/1921 IF UNDER 1 YEAR | IF UNDER 24 HRS. 215-24-5075 70 M 2 F DAYS HOURS MIN. MARYLAND 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE SINAI HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 6521 COPPERFIELD RD. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 AYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yea, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TES 2 NO Specify: Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) OWNER BOX CO. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
ANNA CANTOR FERDINAND N. FRANK BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
6521 COPPERFIELD RD. BALTIMORE, MD 21209 2 MRS. ANNETTE FRANK 20s. METHOD OF DISPOSITION

1X Burlal 2 Cremation 3 C 20b. PLACE AND DATE OF DISPOSITION (Name of 1/15/92 20c. LOCATION — City or Town, State
REISTERSTOWN , MD Burlet 2 Cremation 3 Donation 5 Other (Specify) COMBACTIMORE PHEBREW FUNERAL SERVICE LICENSEE 22. NAME OF THE VINSONTY& BROS., INC. ruda 6010 REISTERSTOWN RD., BALTO., MD 21215 23 PART L'Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory screat, shock, or heart failure. List only one cause on each line. Approximete Interval Between IMMEDIATE CAUSE (Finel Onset end Death disease or condition - ALDIO RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentisity list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in desth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specily) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not ba COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated.

Discretely the control of the cause(s) end menner as stated.

Discretely the cause(s) end menner as stated.

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Discretely the cause(s) end menner as stated.

Discretely the cause(s) end menner as stated.

► 1/13/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SEKYEMA SINAI HOSPITAL BALTIMONE 32. REGISTRAR'S SIGNATURE 1992

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

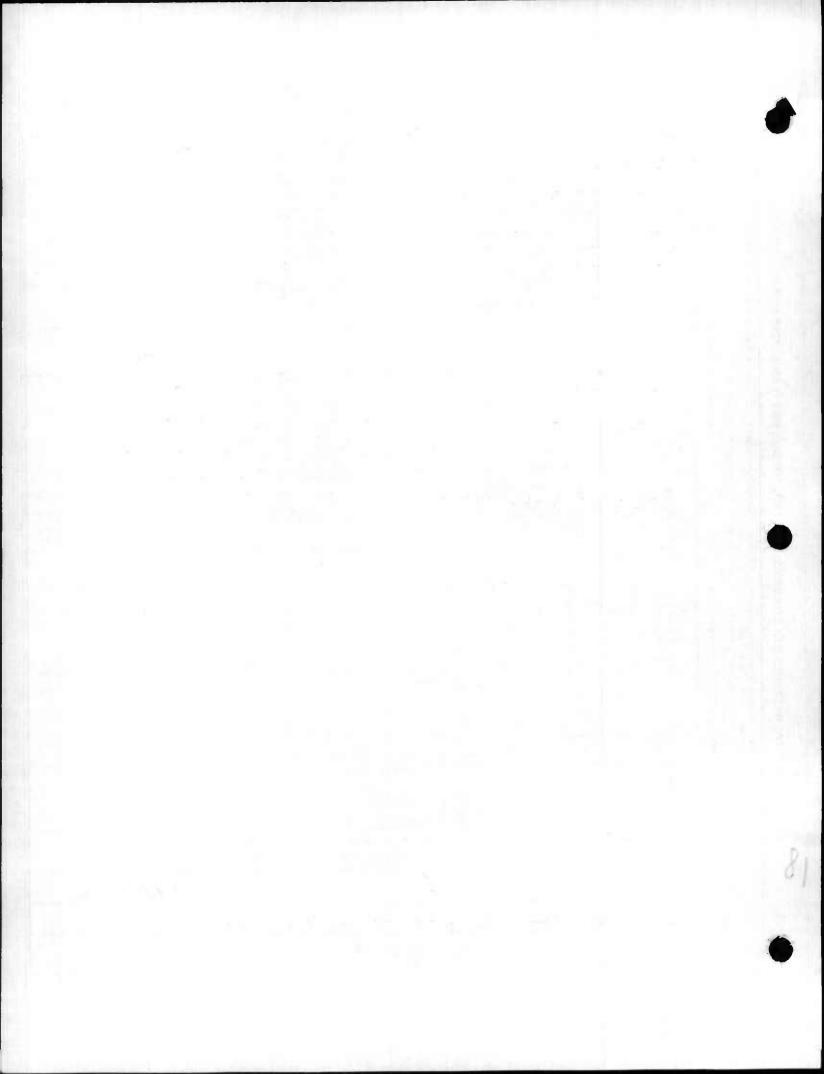
29c. LICENSE NUMBER



29b. SIGNATURE AND TITLE OF CERTIFIER

Tol

29d. DATE SIGNED (Mogth, Day, Year)



2. DATE OF GEATH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

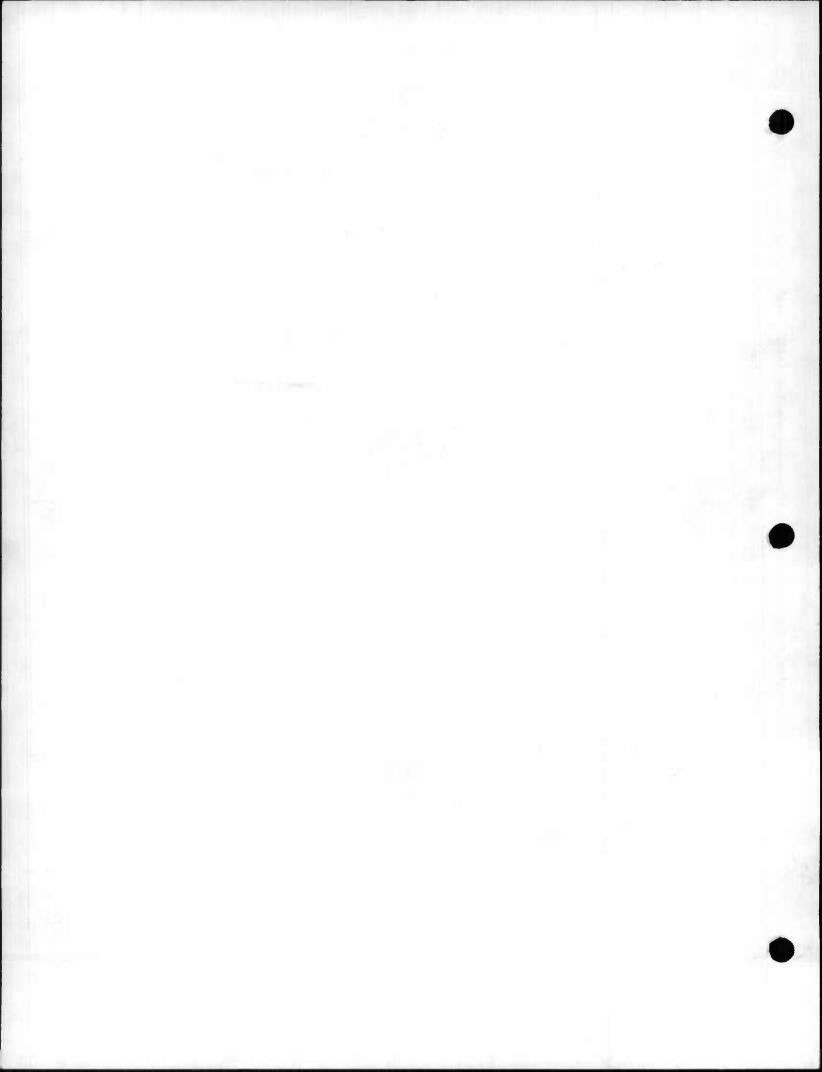
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TOR	HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD									VARD		
DIRECTOR	10a. STATE MD	10b, COUN	HOWARD			TOWN OR LO	CATION TT CITY		10d. INSIDE CITY LIMITS? 1 YES 2 Y			
FUNERAL	100. STREET AND NUMBER 8907 CHANTEL COURT						101. ZIP CODE 2104	43	-	_		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES X	ARMEO		DECENDENT OF HISP specify Cuben, Mexi (ES 2 2 NO Specific			or No —	14. RACE — Black, W Specify:	American India hite, atc.
ETED.		DECEDENT'S ED only highest grady y (0-12)			life. Do NOT us	ork done during retired.)	ATION most of working	16b	. KIND OF BUS			
COMPL	12				ANALYS	T			U.S GO	OVERNI	MENT	
BE CO	17. FATNER'S NAME (Firs SEWARD CI						18. MOTHER'S MARGE		Middle, Meiden WINIF			
TO B	190. INFORMANT'S NAM MR JACK I		IAN				et end Number or Rur L CT - ELI					
	20e. METHOD OF DISPO		moval from State				cemetery, crematory of 1-15-9			CATION — C		State
	21. SIGNATURE OF FUNI	ERAL SERVICE	//			22. NAM	OL LEVINS	SON &	BROS.	, INC.		
NTION	iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im	r heart fellum (Final	complications the List only one cau	ise on each	e deeth. Do n line.	ot enter the	REISTERS mode of dying, s conge	uch ee cer	diec or respi	Iratory erre	eet,	Approxima Interval Be
ERTIFICATION	ahock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con	r heart fellum (Final	a. CZYZ DUE TO DODE TO	I Caused thuse on each	e deeth. Do n line.	WITA	mode of dying, s	uch ee cer	diec or respi	Iratory erre	eet,	Approxima Interval Be
MEDICAL CERTIFICATION	ahock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDEF CAUSE (Disease or that initiated events	r heart fellure (Finel	a. CZYZ DUE TO DUE TO DUE TO DUE TO	I caused these on each I o my d (OR AS A CO) (OR AS A CO) (OR AS A CO)	e deeth. Do n line. P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ot enter the	mode of dying, s	thic Ly	diec or respi	I AUTOPSY	24b. W	Approxima Interval Be
MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confif any, leading to impressed the cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L PART II. Other aignitions of the cause of the c	r heart fellure (Final	a. Card B. List only one cau B. DUE TO C. DUE TO C. DUE TO d	I caused these on each I o my d (OR AS A CO) (OR AS A CO) (OR AS A CO)	e deeth. Do n line. P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ot enter the	mode of dying, s	in Part I.	S & S & S & S & S & S & S & S & S & S &	I AUTOPSY	24b. W	Approxima interval Be Onset and Gwan Yerra
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BY PHYSICIAN: MEDICAL	ahock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events reaulting in death) L PART II. Other alignity of the control of the contro	r heart fellure (Final Additions, mediata RLYING injury LAST ficent conditions To MEDICAL	a. CVV B. DUE TO C. DUE TO d. Ona contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, C) 28a. PLACE OF 28a. PLACE	COR AS A COM (O	e deeth. Do n line. P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ot enter the WITA D: CW2 1 T: T: T: THER: 4 Nursing E OF 28c. URY M 1	was cull zu ying cause given Place of Death. Nome 5 Resident RUJURY AT WORK?	In Part I.	24a. WAS AN PERFOI	I AUTOPSY MMED? 2 NO INJURY OCC	24b. W A A C C C C T T T T T T T T T T T T T T	Approxima interval Be Onset and Conset and Conset and Yerry Hamilton of Conset and Conset and Yerry Hamilton of Conset and Conset an
BY PHYSICIAN: MEDICAL	ahock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events reaulting in death) L PART II. Other aigni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suickde 6 4 Homicide	r heart fellund (Final	a. CV-J B. DUE TO C. DUE TO d. Ona contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, C) 28a. PLACE OF 28a. PLAC	COR AS A COM (O	DOA 28b. TIM At home, farm, 1	ot enter the WITA D: CLUBE 1 T: T: T: T: THER: A Nursing E OF Security M Interest, factory, or and at the time,	mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of care of ca	In Part I. (Check only of the Color of the	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED? RMJURY OCC and Number	24b. WARED OF Rural Routed.	Approxima interval Be Onset and Gwan Head Head Head Head Head Head Head Head
PHYSICIAN: MEDICAL	ahock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events reaulting in death) L PART II. Other aigni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suickde 6 4 Homicide	rheart fellung (Final Additions, mediata RLYING injury LAST flicent conditions of the conditions of	a. OVER TO DUE T	COR AS A COM (O	e deeth. Do n line. P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ot enter the Coritoria; Cori	mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of care of ca	In Part I. (Check only of 28d, DE 28f, LOCh) due to the cut the time, dat	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RINED? 2 NO INJURY OCC and Number as state and due to the	24b. W A A A A A A A A A A A A A A A A A A	Approxima interval Be Onset and Gwan Head Head Head Head Head Head Head Head

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MARION (MARION FUTTERMAN)



משנו לאום לו מינים לו היו בינים לו	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	the death certi	the attending Mental Hygie	injury, or otl
	requires that	een signed by of Health and	shows any i
	CIAN: The law	ertificate has the State Dept	or item 23
	NDING PHYSI	R: After this car	is marked,
	TAL OR ATTE	AL DIRECTOR 72 hours afte	If item 28
	TO THE HOSPIT	TO THE FUNERA be filed within 7	IMPORTANT:

92-0214-510
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Sergio Rayner Gladden 01 14

92 00753

	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	Sergio Rayner			Gladden				MONTH DAY YE			YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. les		hday) IF UNDER 1 YEAR IF UNDER 24		R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	217-68-3023	1 💢 M 2 🗆 F	22	YRS.	MONTHS	DAYS	DAYS HOURS MIN. (Month, Day, Year) Country)			MD MD			
_	9e. FACILITY NAME (If not Institution,	give street end number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF OE			9c. COU	NTY OF D	EATH
5	6000 blk. Chi	nguapen	Parkway			Bal	tim	nre					
EC	10a. STATE 10b. CO		3		Y, TOWN								
DIRECTOR	MD				CKEY								10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER			1		101	r. ZIP COD	E			10g CIT	IZEN OF V	1 YES 2 NO
ER,	19 E. NUTNEG N	OLL COURT					210	030					.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (S	pecify Yee	or No—	14. RACE	- American Indian.
ВУБ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		1 YES 2 X N	10				n, Mexicer Specify	n, Puerto Ricar	i, etc.)		Speci	k, White, etc.
	15. DECEDENT'S												BLACK
COMPLETED	(Specify only highest	grade completed)	(Ge	Ve kind of	Work done se retired.)	during mo	ON est of worki	ng	16b. KIN	D OF BUS	SINESS/IND	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 3 yrs.	+)	TUDE					51	TUDE	iΤ		
OM	17. FATHER'S NAME (First, Middle, Las)		,,,,,,,		_	18. MOT	HER'S NAM	ME (First, Middle				
BE C	KENNETH GLADD	EN							JOHNS		surrame)		
TO B	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street e	nd Numbe	r or Rural A	loute Number, C	ity or Town	1. State, Zip	Code)	
۴	KENNETH GLADDEN		1	.646	BURN	100M	0 R0/	AD/BA	LTIMOR	RE, N	4D, 21	239	
	20e. METHOO OF DISPOSITION 1 M Burlet 2 Cremation 3	Removal from State	20b. PLACE A	NO DATE	OF DISPOS	SITION (Na			OATE		CATION —		,
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSER	DÜLANI	EY'V	-		METE			TIM	ONIU	4, MI)
	JF .	10			22.	NAME AN	ID ADDRE	SS OF FAC	CILITY				
_	Loaner	114	1/20						1./110				VENUE
	23. PART I. Enter the diseeses, shock, or heart fall	or complications the	at ceused the de	ath. Do i	not enter	the mo	de of dy	ing, such	ss cerdisc	or respl	ratory sri	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		/-	1	111		11.	1	11.	1			Onset and Deeth
	resulting in desth)	· yeur	rapor	-11	100	RO	20	1	Tell	1			
,		_ / DUE IC	(OR AS A CONSEC	DUENCE O	F):		[/						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):		V						
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c											[
E	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	UENCE O	F):								
H	resulting in deatil) Exc1	d											
	PART II. Other significent cond	tiona contributing to	death but not re	sulting	In the un	deriying	j ceuse (jiven in F	Part i. 24a.	WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE									_ /	163 2			OF DEATH?
ż												-	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Chec	ck only one)				
PHYSICIAN:	1X YES 2 NO		ER/Outpstient 3	□ DOA	OTHER 4 Num		5 🗆 Re	sidence 6	X Other (Spe	offy)On	str	eet	in auto
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF	INJURY Pay, Year)	FOIL	E OF URY N CM	28c. INJU			2ad. DESCRIB	E HOW IN	JURY OCC	UREO	
BY	2 Accident Investigat	on 0114	1992		2 O.AL		ES 2 X		Subj		sho		
	3 Suicide a Could not	Duliging.	oF INJURY — At hor etc. (Specify)	ne, farm, s	street, fact	ory, office			28f. LOCATION City or Tox	(Street ei	nd Number	or Rural R	oute Number,
4	29e. CERTIFIER		uto on						000 ь		Chir	ngua	pin Pkwy.
COMPLETED	(Check only CERTIFYING P	HYSICIAN: To the best of	my knowledge, des	rth occurre	ed at the ti	lme, date	end plece	end due t	o the ceuse(e)	end man	ner ee atat	ed.	
8	The same of the sa	AINER: On the beele of e	xamination end/or in	westigatio	n, In my o	pinion, de	eath occur	ed at the ti	ime, date end	place, end	due to th	e ceuse(e)	end manner es stated.
BE	SES SIGNATURE AND TITLE OF CHIEF	HI. WI	7				29c. LICE	NSE NUME	BER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF OFATH OTHER	27) /%	Drint1		0.0	C.M.	Ε		0.1	1.5	1992
	FLANK J.	PERFIT.	1										
	31. DATE FILEO (Month, Day, Year)	32. ≢EGISTRI	R'S SIGNATURE		enn	Str	eet	, Ra	altim	ore	Mar	ylar	nd 21201
	JAN 16 199	32 Juna	lavidson-Ra	ndelle									

30. NAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DOME

32, BEGISTRAR'S SIGNATURE

DONALD G. WRIGHT

31. OATE FILED (MORTH), Day, Year)

JAN 16 1992

JAN 16 1992

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2	9	15
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ours after death, Page 6 may be retained by the hy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained any white 79 hours after death with the Chap fact of Health and Mental Houland prior to burial creamation or removal	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once
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ortifica	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face months after death with the State Death of Health and Mental Homene mixer to hural premaration or removal	other
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	ITEMS: 23 thru 28f g-683 1/28/92 cm	per ME				92	00754
		TATE OF MARYLAND	/ DEPARTM	SENT OF HEALTH A	ND MENTAL	HYGIENE REG. NO.	00704
		SEX 6. AGE (In yra.	Gill lest birthday) # YRS. MO	UNDER 1 YEAR IF UNDER 24	2. DATE (MONTH) 1 HRS. 7. DATE (Month,	OF DEATH DAY	3. TIME OF DEATH 92 09:50 A.M. BIRTHPLACE (State or Foreign Country) VOTA AVAINA Y OF DEATH
FUNERAL DIRECTOR		Road WAS DECEDENT EVER IN U.S. FORCES? 1 PYES 2	ARMED	Baltimore DWN OR LOCATION 101. ZIP CODE 13. WAS DECENDENT OF 19 yee, specify Culpan;	39 HISPANIC ORIGIN	(Specify Yee or No —	10d. INSIGE CITY LIMITS? 1 VES 2 NO N OF WHAT COUNTRY?
COMPLETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATIO (Specify only highest grade comp			1 □ YES 2 ☑ NO JAL OCCUPATION done during most of working timed.) Leftous C	Specify:	KIND OF BUSINESS/INDU	Negro 16
TO BE CO	17. PATHEN'S NAME (PIPSE, MISSION, CLIST) 1990. INFORMANT'S NAME (Type/Print) 200. METHOD OF DISPOSITION 1 ☐ TSUries 2 ☐ Crementon 3 ☐ Removal (1) 4 ☐ Donation 5 ☐ Other (Specify) 21. SINITIAL RE OF FUNERAL SERVICE LICENSE	from State confetery,	8078	DRESS (Street and Number of	PURI POUTO NUMBER FUEL Y OATE CAME OATE	ASAGENA	Md. 21/22
CERTIFICATION	23. PART I. Enter the diseasea, or companock, or heart failure. List disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	OXICATION SEQUENCE OF):		g, auch as card	ac or reapiratory arres	Approximata interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co	ntributing to death but no	ot resulting in t	he underlying cause giv	ven in Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 M YES 2 □ NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ВУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28. PLACE OF OEATH (Check only one) 29. PLACE OF OEATH (Check only one) 26. PLACE OF OEATH (Check only one) 3 OTHER: 4 Nursing Home 5 Nasidence 8 Other (Specify) 28d. OESCRIBE HOW IMJURY OCCUREO INJURY 1 YORK? 28d. OESCRIBE HOW IMJURY OCCUREO UNKNOWN 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF OEATH (Check only one) 28d. OESCRIBE HOW IMJURY OCCUREO UNKNOWN 28d. OESCRIBE HOW IMJURY OCCUREO UNKNOWN 28e. PLACE OF INJURY AT WORK? 28d. OESCRIBE HOW IMJURY OCCUREO UNKNOWN 28e. PLACE OF INJURY AT WORK? 28f. PLACE OF OEATH (Check only one)						
BE COMPLETED	onel			n my opinion, death occured		and place, and due to the	ceuse(e) and manner se stated.

111 Penn Street, Baltimore,



Maryland



REG. NO.

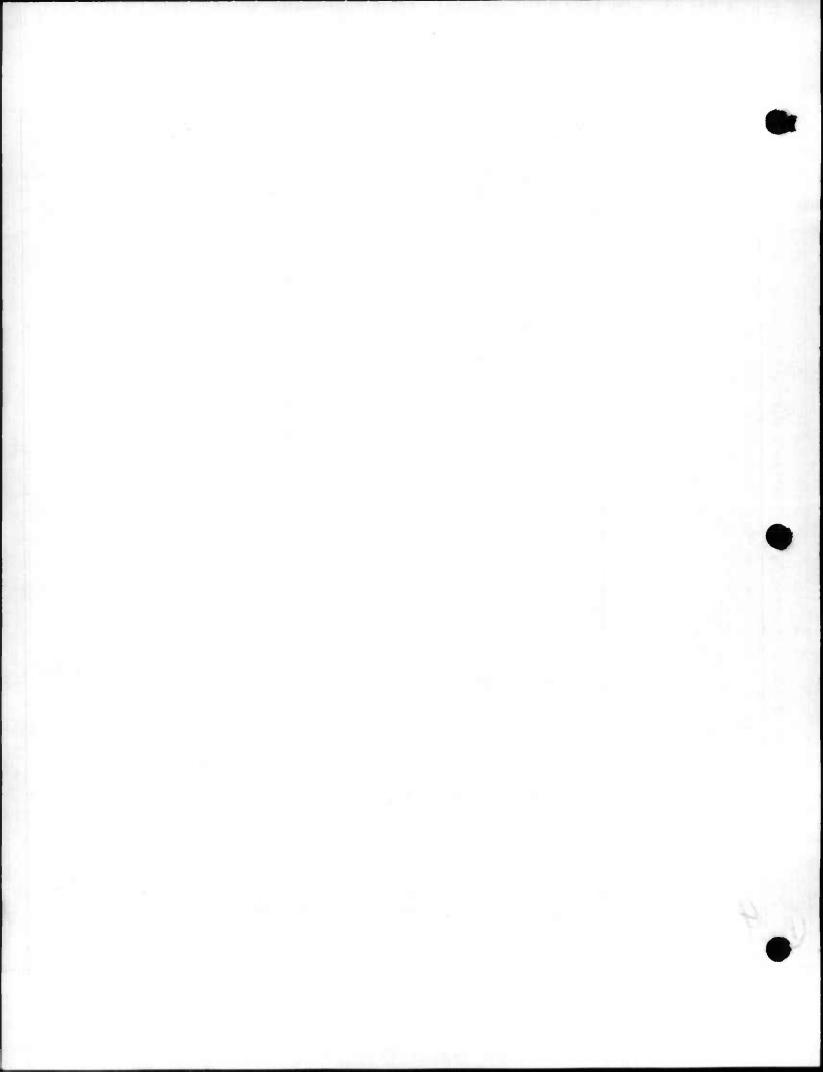
FOR STATE REGISTRAR

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ΤA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 ho
VISION	ATTENDING
5	a

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William | January 10, Braham William H. Graham, Sr. 1992 10:54 AM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 12 M 2 | F 239-12-5558 Carolina 14 North Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO permit. Maryland Baltimore FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1203 Argyle Avenue 21217 USA the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced use as the Black. COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Foreman Baltimore City ONCS. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) M retained by BE John Henry Graham, Sr. Rosa Hart notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Maryland Mattie Fludd 1203 Argyle Avenue Baltimore, 20 be 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — Cify or Town, Stata must funeral director, 1/17/ Zion Cemetery altimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St. death. Leroy Harris F/H Baltimore, 2121 the after medical 23. PART I. Enter the diseased, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, in Dr Approximete shock, or heart fellure. List only one cause on each line. Interval Between 6 filled IMMEDIATE CAUSE (Finel Onset and Death completely filled the disease or condition_ Sepsis event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the attending physician Mental Hygiene prior to other that initiated events OUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) LAST 0 injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by the WERE AUTOPSY FINDINGS shows any acute renal failure AMILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item certificate h HQSPITAL:
1 🗀 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA OTHER: 1 YES 2 NO 4 - Nursing No ne 5 🗆 Residence 8 🗀 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending After ti BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Train State) 99 ETED L DIRECTOR: A 8 Could not be 4 Homicide 28 item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated, COMPL TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the Ilms, data and place, and due to the cause(e) and menner as stated. ME AND TITLE OF CHUTTER 29d. DATE SIGNEO (Month, Day, Year) 29b. SIGNATUE 29c. LICENSE NUMBER In 4) 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

C/O Maryland General Hospital Penroach, M.D. Gran 30 DEPHODANS BIGHATURE 31. DATE FILED (MONTH)

CERTIFICATE OF DEATH



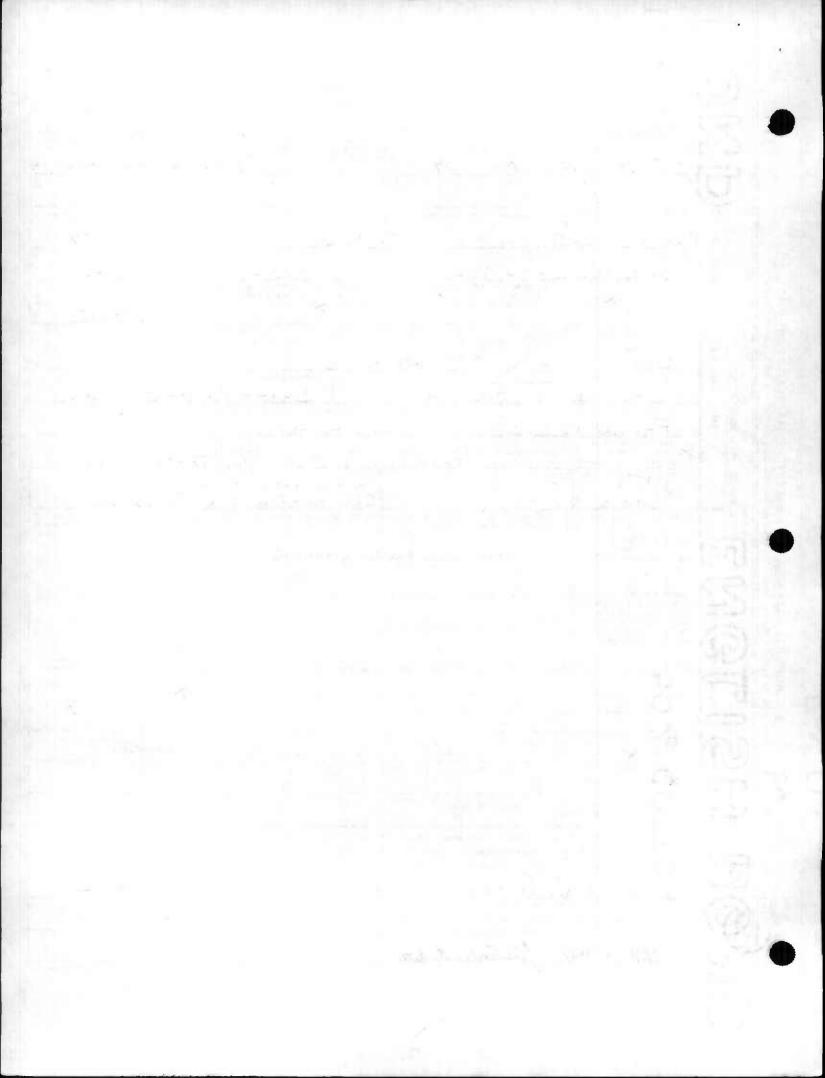
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bund, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	OI	- DEAT	TH		REG	NO

1 - FOR STATE STATE	OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	00/36
1. DECEDENT'S NAME (First, Middle, Last)	0 -0 -:-		2. DATE OF DEATH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 9.5-98-0390 1 □ M 2 9a. FACILITY NAME (# not institution, give street and num	¥F 59 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 2 · 24 · 32	8. BIRTHPLACE (State or Foreign Country) BALTIMO RE, COUNTY OF OEATH
Stella Maris Hospice	iver)	Towson	SAIN 9G.	Baltimore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY CARYLAGO BALTIMO		TOWN OR LOCATION ARKVILLS		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2645 WEDDOVS	a Road	101. ZIP CODE	109.	CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS D FORCE	ECEDENT EVER IN U.S. ARMED SS? 1 YES 2 NO , GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify	n, Puerlo Rican, etc.)	D— 14. RACE — American Indian, Black, Whita, atc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1)	16a. DECEDENT'S U (Give kind of wr life. Do NOT use	rk done during most of working	16b. KINO OF BUSINES	S/INOUSTRY
17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Surna	me)
SAMUEL J.	1- RENCH	SAR	AH MARGA	
19a. INFORMANT'S NAME (Type/Print) FAMILY RECORD	19b. MAILING	ADDRESS (Street and Number or Rural)		le, Zip Code)
20a. METHOD OF DISPOSITION 158 Buriel 2 Cremation 3 Removal from S	20b. PLACE AND DATE of percetary, grematory of	OF DISPOSITION (Nama		ON — City or Town, State
4 Donation 5 Other (Specify)	PARKW		AS LAK	KVILLE 10.
10015	1	EVARS CHAP. 8800 HARFO	TOE 1 151.18	Riss
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	MALL CELL LL DUE TO (OR AS A CONSEQUENCE OF OUE TO (OR AS A CONSEQUENCE OF	:		
PART II. Other significant conditions contribu	iting to deeth but not resulting in	n the underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2	? AVAILABLE PRIOR TO
				1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input		26. PLACE OF DEATH (CI OTHER: 4 \subseteq Nursing Home 5 \subseteq Residence	11	Hospice
27. MANNER OF DEATH 28a.	DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c, INJURY AT	28d. OESCRIBE HOW INJUR	-
	PLACE OF INJURY — At home, farm, a building, atc. (Specify)	reet, factory, office	28t. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,
(original original or	e best of my knowledge, death occurre			as stated. e to the cause(s) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLE	lefarder	29c. LICENSE NU D 2708		1. DATE SIGNED (Month, Day, Year)
Carla S. Alexander,	M.DStella Mari	s Hospice-Dular	ney Valley Rd	Towson 21204
	REGISTRAR'S SIGNATURE			
JAN 16 1992 Jul	ha Davidson Rando Da			



100	Sit	كاست
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be flied within 72 hours after death with the State Deor, of Health and Mental Hybridene prior to burial, cremation or semenal	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed wis been signed by the attending physician and complise, of Health and Mental Hydiene prior to burial creations.	33 shows any injury, or other traumatic ever
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after di TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 18 be flied within 72 hours after death with the State Dect. of Health and Merital Hostere prior to burial, commanion or removal	IMPORTANT: If item 28 is marked, or Item 2

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	FOR STATE REGISTRAR	s:23 part	MARYLAND	/ DEPAR	PET MEO ITMENT OF I ICATE OF	G-684 HEALTH AN DEATH	D MENT	AL HYGIE	NE	. 00/0/
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	LEDELL			GASKI	NS		Ö	<u>'</u>	2 1	992 5:20 P.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. 2		IF UNDER 1 YEAR MONTHS DAYS	HOURS MH	N. (Me	TE OF BIRTH path, Day, Year)	65	8. BIRTNPLACE (State or Foreign Country) Maryland
~	9e. FACILITY NAME (If not institution, give :	9b. CITY, TOWN	OR LOCATION O	F DEATN		9c. COUN	TY OF DEATH			
ē l	HARBOR HOSPITA	L			BALTIM	ORE CI	ITY			
<u></u>	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
ā	MD.		Baltim	ore C	ity			LIMITS?		
A	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
Ë	2417 Reisterst	own Roa	ıd			21217				U.S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13. WAS DEC	ENDENT OF NIS	SPANIC ORIG	SIN? (Specify Y	e or No	14. RACE — American Indian,
ĭ B	1 Never Merried 2 Married 3 Widowed 4 Olvorced				1 🗌 YES	ж	ecify:	o Hican, etc.)		Bleck, White, etc. Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade			(Give kind of a	USUAL OCCUPATION WORK done during mo	ON est of working	1	6b. KIND OF BU	JSINESS/INDU	JSTRY
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +	+)	‰. Do NOT u: Phys i	cal Th	orania	,			
8	17. FATHER'S NAME (First, Middle, Last)			Lilysi	cal III	_				
	Archie Gask	ins						e Joh		
TO BE	190. INFORMANT'S NAME (Type/Print) Vivian Forney			196. MAILING	ADDRESS (Street a	nd Number or Ru	iral Route No	mber, City or To	vn, State, Zip	Code) . 21216
			20h BLACI	E AND DATE	F DISPOSITION (No					
	29s. METNOO OF DISPOSITION 176 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	cometan, c	crematery or o	n Ceme	terv 1	1 - 1 7 -	-92 F	Salto	Hy or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22 NAME AN	ID ADDRESS OF	FAOII ITY			
	· Dorotha	Hecton	#2	281	E.L.	Philli	ips I	F/H_{Bal}^{172}	21-27 .to.,	N.Monroe ST MD. 21217
	shook or boom delli			death. Do r	ot enter the mo	de of dylng, a	uch aa ca	rdlac or rear	iratory area	at Annovimete
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Cardia	C arrhy	thmia):				olratory arre	Approximate Interval Between Onaet and Death
CHILICALION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Cardia DUE TO DUE TO	C arrhy	rthmia EOUENCE OF alar r	n: odal art				olratory arre	Interval Between
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Griffin 2. DATE OF DEATH 3. TIME OF DEATH Thomas Lee OGOOF Lhonas DR. 5. SEX 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdev) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 10 M 2 | F 213-04-1087 YRS. 1959 June Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR General Delivery Charles Nanjemoy RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland Charles Indian Head 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 16 Highland Place 20640 U.S.A. 11. MARITAL STATUS

1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify. BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) 12 Sheet Metal Helper Refrigration / Air Condition 16. MOTHER'S NAME (First, Middle, Maiden Surname, 17. FATHER'S NAME (First, Middle, Last) Roy Clayton Griffin Myrna Elaine Rhodes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10 Myrna Elaine Griffin 20e. METHOD OF DISPOSITION
1-M Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION -- City or Town, State Trinity Memorial Gardens -7-92 4 Donation 5 Other (Specify) Waldorf, Maryland 22. NAME AND ADDRESS OF FACILITY
Williams Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 225 & Glymont Rd., Indian Head, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock or heart failure. List only one cause on sech line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel diseese or condition 3 Exterior reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 TES 2 NO 1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Realdence 6 Other (Specify) 26b. TIME OF INJURY Q CU A M 27. MANNER OF DEATH 28a. DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 26c. INJURY AT WORK? (Month, Day, Year) 1 Netural 6 Pending investigation W. -1 YES 2 NO BY 2 Accident 286 PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ED City or Town, State) 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) MEDICAL EXAMINER: On the basis of exam tigation, in my opinion, death time, data end placa, end dua to the cause(a) and menner as stated.

29c. LICENSE NUMBER

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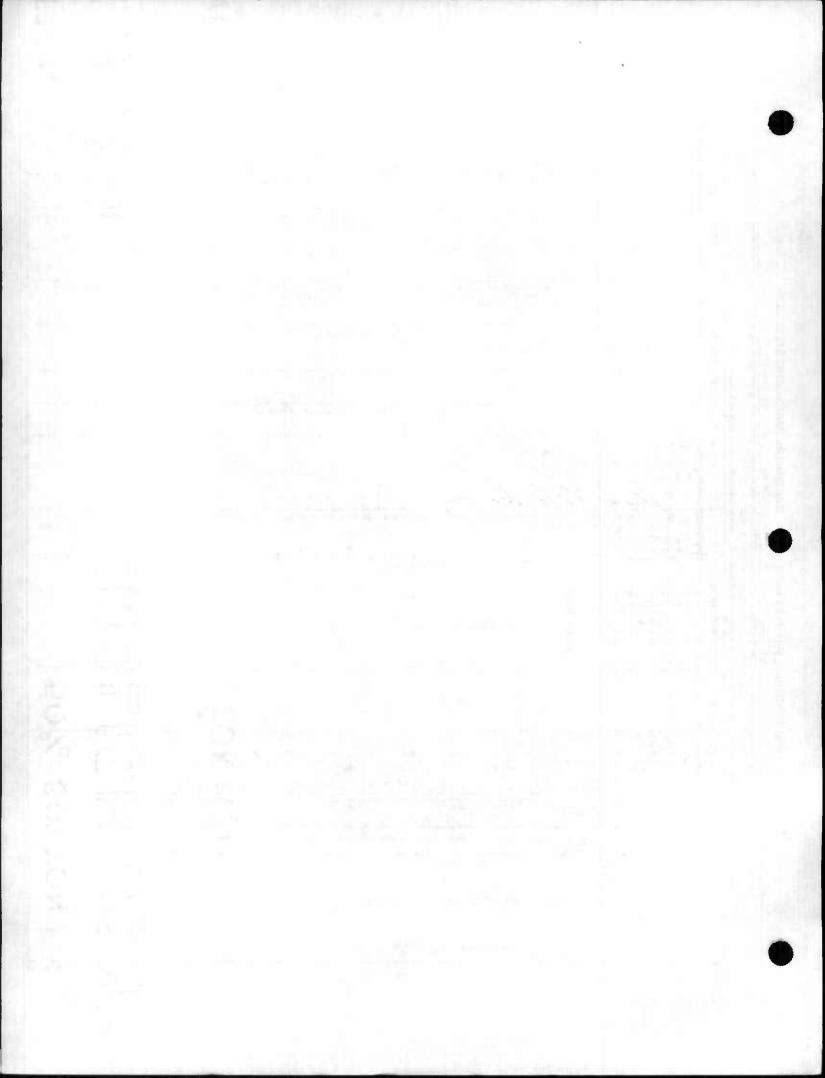
WING COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

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29d. DATE SIGNED (Month, Day, Year)

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	INHERTINE where the conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	from the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAI	REG. NO.			.05	
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT GENE (GLASSER				2. DATE	uary 8	, 1992	AR 7	7:45 A. M	
	4. SOCIAL SECURITY NUMBER 339-07-7662	5. SEX 8. AGE (1	in yrs. lest birthdey) _	IF UNDER 1 YEA		7. DATE	OF BIRTH	1929	IRTHPLA OUTLY	CE (State or Foreign	
TOR		98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF OEATH 4330 Hartwick Road, Apt. 617 College Park Prince Ge									
FUNERAL DIRECTOR	10a, STATE 10b, COUNT	r ce Georges			own on Location Clege Park				10d. INSIDE CITY LIMITS? 1 XYES 2 \(\square\) NO		
VERAL	100. STREET AND NUMBER 4330 Hartwick Rod	ad, Apt. 617			101. ZIP CODE 2 0 7 4 0				10g. CITIZEN OF WHAT COUNTRY? U. S. A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 💢 NO Specify:				r No.— 14. RACE — American Indian, Black, White, atc. Specific White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use Physic	ork done during a retired.)	ne during most of working 1.)			sity of Maryland			
BE COM	17. FATHER'S NAME (First, Middle, Last) MORRIS Glasser				18. MOTHER'S NA Beatra			Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Jackie Gilbert	TT.	1550	Lake S	net and Number or Rural	Poute Num	icago,	Illin	ois		
	20a_METHOD OF DISPOSITION XX Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from State	estlawn (Cemete				idge.			
	21. SIGNATURE OF FUNERAL SERVICE L	^	myer	STEI	E AND ADDRESS OF FA N HEBREW A CARROLL ST	MEMOR	IAL FU	NERAL WASH	HOME INGT	INC.	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Alenoc DUE TO (OR AS A DUE TO (OR AS A	ach line.	71 (Kidnes		diac or respi	ratory arrest,		Approximate interval Between Onset and Death 8 months 5 years	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the Underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?							CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (C	heck only o	ne)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 - Residence	6 🗆 Oth	er (Specify)	_			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, s icify)	street, factory,	office	28f. LOC City	CATION (Street of or Town, State)	and Number or I	Runal Flout	te Number,	
COMPLETED	cool only	SICIAN: To the best of my know NER: On the basis of examination							nuse(a) ai	nd manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTURE	Kerer Ms	2		29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	, Print)							
	31. DATE FILED (Month, Day, Year)	2 32. HEGISTRADE SIGN	DON- Randall	_							

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BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending to may be retained by the hospital or attending to make the major of the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same to make the same the s	director, page 5 should be detached for use its the burial-tansit permit. Pages 1, 2, 3 show	or must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attainment.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ENT OF HEALTH AND	MENIAL HYGIE	VL has	00760				
)	CERTIFICA	ATE OF DEATH	REG. NO	D					
SHIRLEY		CARRIG			DAY YEAR	1				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	GARRIS E (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS		8. BIR	12:18 A				
212-58-6169	1 M 2 F	39 YRS. MON	ITHS DAYS HOURS MIN	(Month, Day, Year) 4-21-	Cou	ntry)				
9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATION OF		9c. COUNTY OF	-64				
THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY PALTIMORE										
RESIDENCE OF DECEDENT										
md.		12	14-177)			10d. INSIDE CITY LIMITS? YES 2 NO				
10e. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?				
2764 Tive	oley Aye	2	2121	7	71	.5				
11. MARITAL STATUS 1 Never Merried 2 Merried	12 MAS DECEOENT EVER	S 2 NO	13. WAS DECENDENT OF HIST If yes, specify Cubers, Max	PANIC ORIGIN? (Specify Vices, Puerto Rices, etc.)	s or No— 14. RA	CE — American Indian, ick, White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 NO Spe		80	polity:				
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BI	JSINESS/INDUSTRY	gno				
(Specify only highest great	College (1-4 or 5+)	(Give kind of work life, Do NOT use ret	done during most of working ired.)							
		House	refil							
17. FATNER'S NAME (First, Middle, Last)	Danalis		16. MOTNER'S	NAME (First, Middle, Maide	Surname)					
190. INFORMANT'S NAME (Type/Print)	MIX		MA	RY GA	nki S					
BATBARA	DAV'S	335 d	S. Gilmor	al Route Number, City or To	wn, State, Zip Code)	rel				
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	novat from State	Db. PLACE AND DATE OF DI	SPOSITION (Name of place)	OATP 20c. L	OCATION — City or	Town, State				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Betts Funcial Home 1129 N. CAmpline St										
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	. Ren'Al Fr	A CONSEQUENCE OF):				Onset and Da				
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· lupus	A CONSEQUENCE OF):				1 Egens				
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. LUPUS OUE TO (OR AS	A CONSEQUENCE OF):	e undarfying cause given		RMED?	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	d. HOSPITAL: The partent 2 PRYON 28e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY building, etc. (Spi	but not resulting in the tention of	28. PLACE OF DEATH (HER: Nursing Nome 5 Residence 28c. tNJURY AT WORK? 1 YES 2 NO , factory, office	PERFO Table Performance	INJURY OCCURED and Number or Rural oner as stated, and due to the ceuse	AMAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 HO Route Number,				
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TO BE COMPIETED	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ISI.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached fortune	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached form
r death. Page 6 may be retained by the hospital of	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or
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FOR STATE REGISTRA
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10a. STATE
10e. STREET AND
11. MARITAL STA
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	CERT	ARTMEN	T OF HEALTH	AND M			-1 00 10		
	1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA HIL	L	CERT	FICAI	E OF DEAL		REG. NO 2. DATE OF DEATH ANUARY	1 3, 19	3. TIME OF DEATH		
			E (In yrs. last birthda	y) IF UND	ER I YEAR IF UNDER 2	-	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	2. 00 1101		TH YAS			MIN.	(Month, Day, Year) 8-18-3	8	md		
TOR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BALTIMORE 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY										
DIRECTOR	10a. STATE 10b. COUNTY		10c. (OR LOCATION				10d. INSIDE CITY LIMITS? VES 2 NO		
FUNERAL	10e. STREET AND NUMBER	1 Ave	1		101. ZIP CODE				N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	IN U.S. ARMED	10	3. WAS OECENDENT OF If yea, specify Cuban, 1 YES 2 100	HISPANIC , Maxican, Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)		4. RACE — American Indian, Black, White, atc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted) College (1-4 or 5+)		of work don use retired	OCCUPATION e during most of working)	7	16b. KIND OF BU	SINESS/INDU:	STRY		
BE COM	17. FATHER'S, NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden, Sumarre) 18. MOTHER'S NAME (First, Middle, Meiden, Sumarre) 19. MATTHAL										
TOB	190. INFORMANT'S, NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 521-1 Tod of AVE BOLTEX MA										
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of company from state) 20b. PLACE AND DATE OF OISPOSITION (Name of company from s										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	Hom	22	NAME AND ADDRESS	S OF FACIL	Per de	5)			
	23. PART I. Enter the diseeses, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Phew	monus A CONSEQUENCE	a	er the mode of dyin	ng, such	as cardiac or reepi	ratory arres	Approximata intervel Between Onset end Deeth		
CERTIFICATION	Sequentially liet conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death but not resulting to the										
PHYSICIAN: MEDICAL	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 THO										
AN	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	OSPITAL:	ulpatient 3 🗆 DOA	OTHE 4 N							
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. T	IME OF NJURY M	28c. INJURY AT WORK?	Reddence 6 Other (Specify) 29d. DESCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide S Could not be datarminad	28a. PLACE OF INJU building, etc. (S)	RY — At home, larm pecify)	, street, fa	ctory, office	2	6I. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL 2 MEDICAL EXAMINER: 0	N: To the best of my kno	owledge, death occu	rred at the	lime, data and place, a opinion, death occurred	and due to	the cause(a) and man	ner as stated.	suse(a) and manner ae stated.		
H	296. SIGNATURE AND TITLE OF CENTIFIER	Julm	um		29c. LICEN		ER		IGNED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF I	DEATH (ITEM 27) (TY)	pe, Print)			It mi	0 2	1.2/		
	31. DATE FILED Month, Day, Year) JAN 16 1992	32. BEGISTRAR'S SIG	SNATURE COMMENT		JUI	100	~ 1 // //		,, -, 0		

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28 Is mai

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -ROBERTA (LOUISE) HAYES 2. DATE OF DEATH 3. TIME OF DEATH 8:50 Pm 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR timore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 TES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 25 NO Specify: 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Married 2 Marrie Black BY 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ary (0-12) College (1-4 or 5+) enutician 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THOMAS LASTER RACHEL LINNIE FAUSETTE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOYCE JAMES 1802 RUTLAND AVE./BALTIMORE, MD 21213 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Donation 5 Other (Specify)	BALTI	MORE CEN	METERY	BAL	ΓΙΜΟRΕ	, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	1 Her	The state of the s	2. NAME AND ADDRESS OF F	H./1101 E.	NORTH	I AVENUE
23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition rasulting in death)	Examplications that caused the distance on each line a. METASTATIC COLON DUE TO (OR AS A CONSE	CARCINOM		ch ea cerdlec or reepl	atory errea	it, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b					
resulting in death) LAST	d.					
PART II. Other significant condition ALTHEIMER'S DISCH	The state of the s	resulting in the	underlying cause givan in	Part I, 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)		1
1 YES 2 NO	HOSPITAL:	3 DOA 4 D				
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 NO	(?			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At It building, etc. (Specify)	iome, ferm, atreet, f	actory, offica	ttlea 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
and and	ICIAN: To the best of my knowledge, of ER: On the besie of examination and/o					
29b. SIGNATURE AND TITLE OF CERTIFIE	lenel mp		29c. LICENSE NO.			SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE MICHAEL D. ALESSEL 31. DATE-FILED (Month, Day, Your)	M-D. CHURCH H					
JAN 1 6 1992	Julia Davidson Ban	200				
O/111 2 0 1004	0					DHMH-18 Rev 1/89

Kelmetz Hayen H Y 35 D-OK-16 120 ST 140 ST 170 ST 170 ST

permit. Pages 1, 2, 3 should

DIRECTOR

BAL

10a STATE

Maryland

10e. STREET AND NUMBER

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give street and number)

HARDID

4. SOCIAL SECURITY NUMBER

023-10-7100

RESIDENCE OF DECEDENT

80	
P.O.	
RECORDS,	
VITAL	
OF	
DIVISION	

H	3408 Canberra Street				20904	Uı	United S	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3XXXWidowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	If yes,	S DECENDENT OF HISPANIC ORIGIN? (Specify Yee o yea, specify Cuben, Mexican, Puerto Rican, etc.) YES XXX NO Specify:				
E	15. DECEDENT'S EDI (Specify only highest grad	18a. DECEDENT'S I	PATION 16b. KINO OF BUSINE g most of working			INOUSTRY		
PLE	Elementary/Secondery (0-12)	College (1-4 or 5+)		Officer		F	Banking	
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11000	0111001	7		Middle, Maiden Surnam	10)	
	Silas W. Harding						Horan	
	19a. INFORMANT'S NAME (Typo/Print) Barbara F. Cunni:	ngham (Dtr)			et and Number or Rural			
	20a. METHOD OF DISPOSITION 1X Burial 2 ☐ Cremation 3 ☐ Rei	2	0b. PLACE OF DISPOS			, 511		I — City or Town
	4 Donation 5 Other (Specify)		Forest Da			/11/9	2 Malder	n, Mass
	21. SIGNATURE OF FUNERAL SERVICE L	MOO690		E.E.	Burns an Main Stre	ad Sc		
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	cDUE TO (OR A:	B A CONSEQUENCE OF):	ring cause given in	ı Part I.	24s. WAS AN AUTOF PERFORMED? 1 YES 2 NO	
AN: M								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	udmellant 2 7 BOA	28. PLACE OF OEATH (Check only one)				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJUF (Month, Day, Yea	Y 285 TIM	E OF 28c.	Nursing Home 5 Residence 5 F 28c. INJURY AT WORK? M 1 YES 2 NO		5 Uniter (Specify) 28d. DESCRIBE HOW INJURY OCCUREO	
ED	2 Accident investigation 3 Suicide 5 Could not be 4 Homicide determined to the deter							
TO BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner one) 29b. PHATURE TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER							
	31. DATE FILED (Month, Day, Year)	34 REGISTRAR'S S	c Drive		LAURE	-1	MARY	CANS

HARDING

5. SEX

Greater Laurel-Beltsville Hospital

Montgomery

10b COUNTY

1K M 2 | F

5. AGE (In yrs. last birthday)

YRS.

92

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Silver Spring

DAYS

Laurel

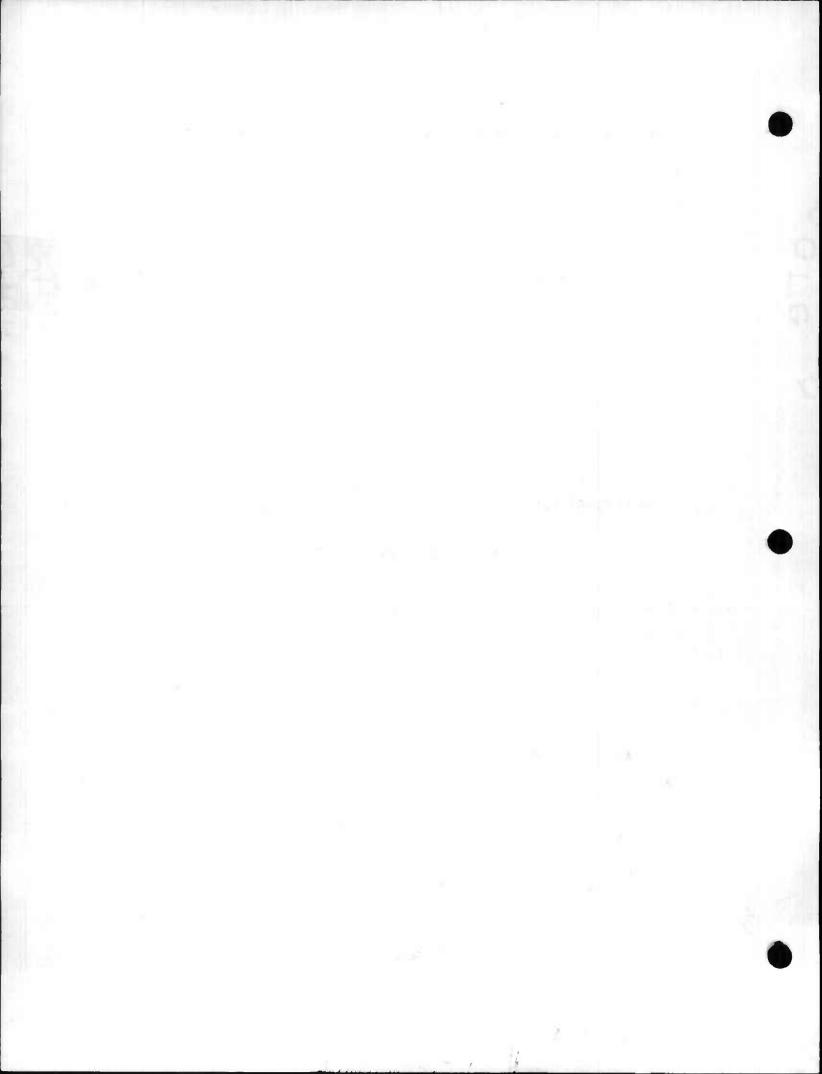
101. ZIP CODE 20904

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH YEAR 6105 A M 92 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. May 30,1899 Rhode Island 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY 1 YES 2 X NO 109. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: White INESS/INOUSTRY , State, Zip Code) ring, MD 20904 CATION - City or Town, State den, Massachusetts ral Home, Inc. Massachusetts ratory srrest, Approximsta Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO AUTOPSY COMPLETION OF CAUSE OF DEATH? KNO 1 YES 2 NO NJURY OCCUREO and Number or Rural Route Number, nner as stated. d due to the cause(e) end manner as stated 29d. DATE SIGNED (Month, Day, Year)

DHMH-18 Rev 1/89

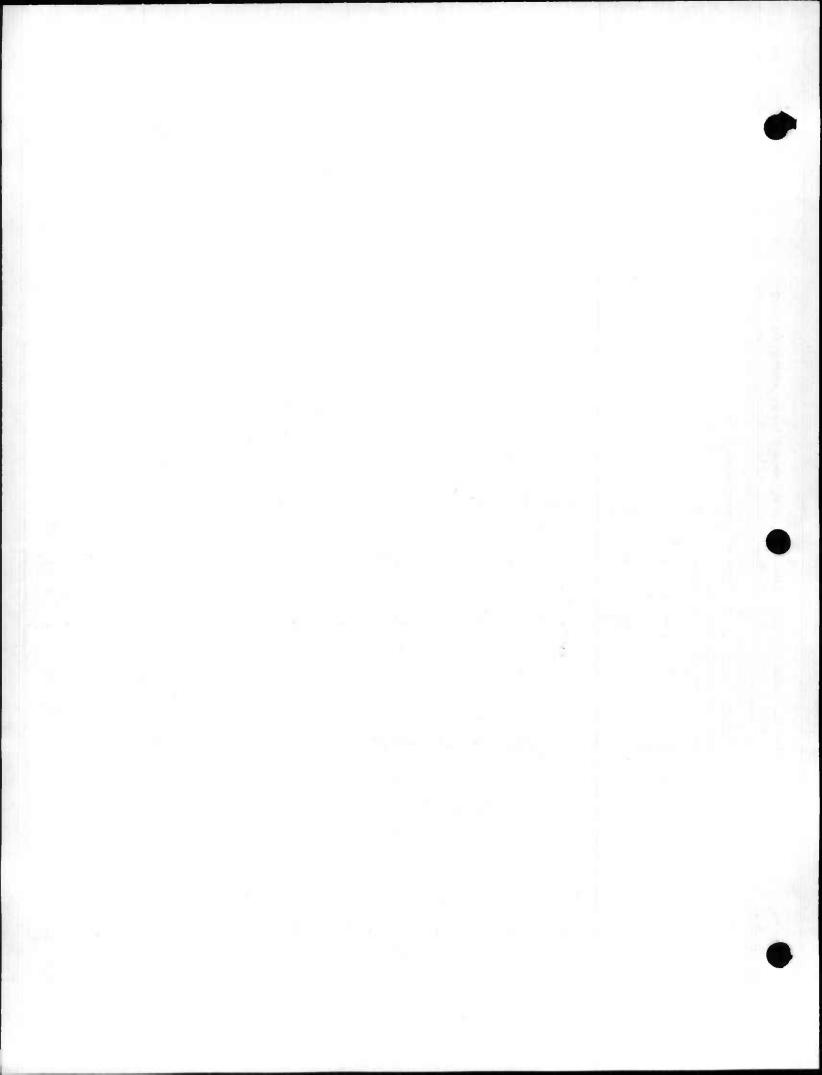
2070

117 192



BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 burial-transit permit. Pages 1. 2, 3 should like 72 shows any filler, or other traumatic event, the medical examinate must be marked as asset.	The state of the s
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transis in the following the complete prior to burial, creations, or removal. IMPORTANT: If lead casts with the State Dept. of Health and Mental Hygiens prior to burial, creating the creation or emporal.	
•	3)	

	FOR STATE REGISTRAR	STATE OF MARY	YLAND /	DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN			704
	1. DECEDENT'S NAME (First, Middle, Lest)	George R. Herrington Sr.					2. DATE OF DEATH	AV 1	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest				-			М
	714 10 4405	15⊘ M 2 □ F	84	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/24/1907		Country)	ACE (State or Foreign
	Se. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF DE		9c, COUNT		
DIRECTOR	North Arundel	Hospita1			Glen H	Burnie				rundel
JIRE(Maryland Anne Arundel				y, town on Loca 1timore	TION			10	d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	C 71L UTUCE1		Da		. ZIP CODE		10a, CITIZE		T COUNTRY?
FUNERAL	204 10th Aven					21225		U.S		
B⊀	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF WORLD WAL	ES 2 NO	ED)	If yee, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14	Black, W Specify:	American Indian, hite, etc. White
8	15. DECEDENT'S EDUC	CATION	1Se. DECI	EDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	INESC (NIDUS	TOV	MITTLE
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+) Years	(Ghe life, C	kind of v Oo NOT us	work done during mo se retired.)	st of working				
Ž		years	Su	perv	visor		State	of Pe	nnsy	lvania
BE CO	17. FATHER'S NAME (First, Middle, Lest)	Herr	ingto	n		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)		
	19e. INFORMANT'S NAME (Type/Print)		_		ADDRESS (Street a	nd Number or Burni F	Route Number, City or Town	Otete Zie Ce	nefe)	
2	Mary Herrington				- 10th		Baltimore			3 21225
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removel from State				OF DISPOSITION (Na			CATION — City		
	4 Donation 5 Other (Specify)		Metro	Cre	matory,		115 Ba	Ltimor	e, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OK	mi		Georg	DADDRESS OF FAC DE J. GOY	aum Nce Funeral	L Home	P.A	
	22 PART I Enter the diseases are				4001	Ritchie	Hwy. Balt:	more,	Md.	21225
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Let only one ceuse on Cadia DUE TO (OR AS	c Qv	res	1	de of dying, eucl	n es cerdiec or reepl	ratory arres	t,	Approximete Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Of Jack Consequence of):									
빙					, made) .				
MEDICAL	PART II. Other eignificent conditions	contributing to deeth	but not ree	uiting l	n the underlying	ceuse given in i	Part I. 24a, WAS AN PERFORI	MED?	AVA COI OF	RE AUTOPSY FINDINGS REABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25 WE CASE DESCRIPTION TO THE PROPERTY OF THE	TIA		11	. 0					
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	vde 1	Hos	OTHER:	ACE OF DEATH (Che	ck only one)	1777		
YS	1 YES 2 NO	Inpatient 2 - ER/Ou	stpatient 3 🗆	DOA		5 - Reeldence	8 ☐ Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	,	28b. TIME INJU	JRY WO	JRY AT AK?	29d. DESCRIBE HOW IN	JURY OCCUR	ED	
	2 Accident Investigation 3 Suicide S Could not be 4 Homicide Metermined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home	, farm, si			281. LOCATION (Street or City or Town, State)	nd Number or F	Rural Route	Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my kno	wiedge, death	occurre	d at the time, date	and place, and due t	o the cause(s) and man	nor on stated		
OS	one) 2 MEDICAL EXAMINER	: On the basis of examinati	lon end/or Invi	eatigation	n, in my opinion, de	ath occured at the t	ime, date and place, and	due to the ce	ruse(s) end	menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM				
H	San 4,0	00, mo				D 7 7 0 4	2 11	29d. DATE SI		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 2	7) (Type,		× 510	01	- /	14/6	(2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SU(15	503.	1600 C	and Hon	, 40	MO	21061
	JAN 1 0 1992	gulia Davis	dson-Ra	ndere	_					



FOR STATE REGISTRAR

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	
ATT	
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-	

Lawrence Leonard House 1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 55 9 M HOUSE qw rence 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 62 220 20 5406 1 M 2 | F -21-29 Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center Baltimore City _____ DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CDOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 1624 Cherry Street 21226 use as the burial-transit U.S.A. 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 ☐ YES 2 ☒ NO Specify: 2 X NO 1 Never Merried 2 X Marrie Specify. B 3 Widowed 4 Divorced White 16a, DECEDENT'S USUAL OCCUPATION
(China kind of work done during most of working ED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) COMPLET funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 9th Grade Electrician Local 24 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Jack House Pauline Powell BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Lorraine House 1624 - Cherry Street Baltimore, Maryland 21226 9 20a. METHOD OF OISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Metho 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE must Cedar Hill 1-15 Cemetery Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. monuouper 4001 Ritchie Hwy. Baltimore, removal. medical 23. PAD 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata filled in by shock, or heart fallere. List only one cause on each line. 6 **Onset and Death** IMMEDIATE CAUSE (Final the attending physician and completely fille Mental Hygiene prior to burial, cremation, the Respiral disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) Sepsis traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Constructive CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 50 any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? has been signe bept. of Health n 23 shows a 1 YES 2 NO PHYSICIAN: s certificate h. th the State D. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO tient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with t marked, Netural 2 Accident 5 Pending Investiga 1 YES 2 NO DIRECTOR: After the hours after death w item 28 is mark BY 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide 29e. CERTIFIER

172 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL FUNERAL within 72 t IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end memor as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 244-1614-29 H.0 5 2 30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Jimmy timan 1AHC 32. REGISTRAR'S SIGNATURE D 1992 rina Davidson-Vandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

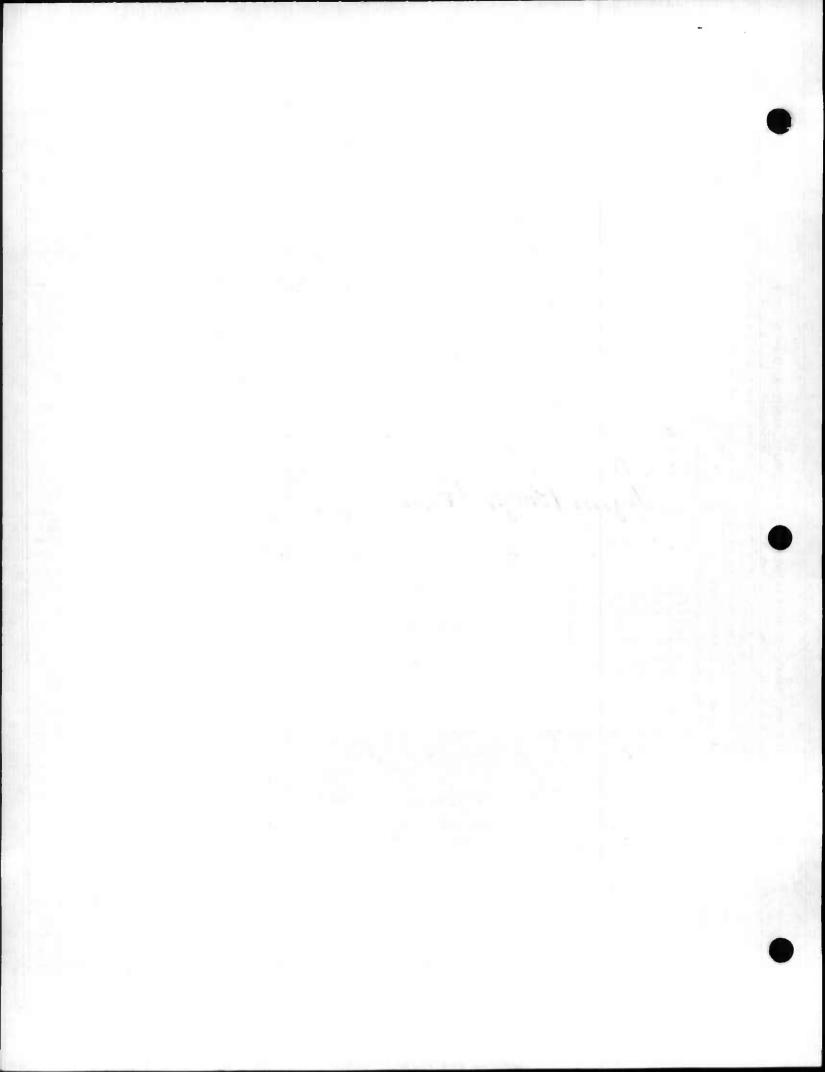
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

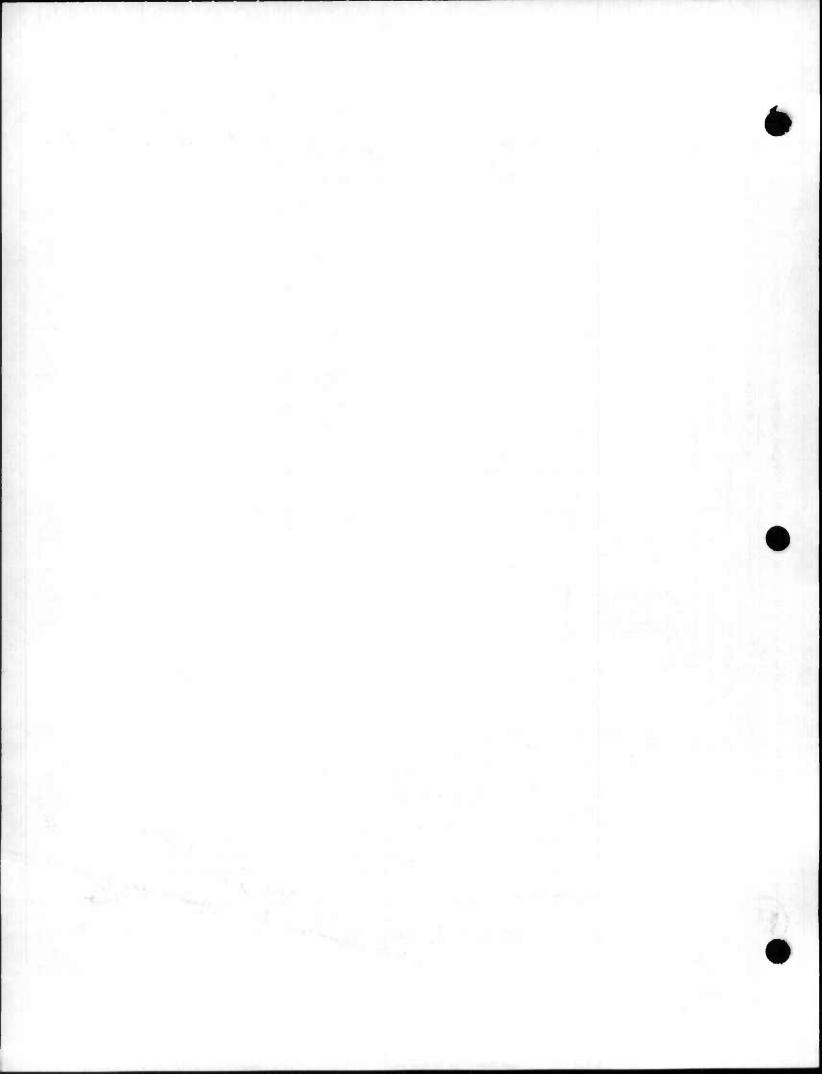
STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH	AND TH	MENTAL	HYGIENE REG. NO.
				2. DATE O	F DEATH

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEALTH AN		GIENE 3. NO.				
	1. DECEDENT'S NAME (First, Middle, Line Elsie P.				2. DATE OF DEA MONTH Jan.	ATH	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214 24 2365 98. FACILITY NAME (If not Institution, give	1 🗆 M 2 🔀 F	105 YRS.	UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MIN	s. 7. DATE OF BIRTY (Month, Day, M	TH (5ar) 886	D. BIRTHPLACE (State or Foreign Country) Virginia Y OF DEATH			
DIRECTOR	Ivy Hall Nurs	sing Home		Middle	River	Balti	more County			
	Maryland 10b. cour	NTY	10c. CITY, T	OWN OR LOCATION	Balti	more	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
BY FUNERAL	100. STREET AND NUMBER 2964 Keswick Roa	ad		10f. ZIP CODE	21211		N OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 2 X NO Sp	PANIC ORIGIN? (Specifican, Puerto Rican, at	Ify Yea or No— 1	U.S.A. 4. RACE — American Indien, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th	DUCATION ide completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re HOMEMA)	done during most of working tired.)	16b. KIND C	F BUSINESS/INOUS Homemak	STRY			
	17. FATHER'S NAME (First, Middle, Last)	C- 1			NAME (First, Middle, M					
O BE	John Lang 19a. INFORMANT'S NAME (Type/Print)	giora	19b. MAILING AD	DRESS (Street and Number or Ru	arah Blac		oriel			
10	Mr. Clifford W.	Inge		4 Keswick Road			yland 21211			
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, Statia 20c. LOCATION - City or Town,									
CERTIFICATION	23. PART I. Entar he diseases, o shock, or heart feiture immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DE TO (OR AS	aach line.	NARY AR		respiratory arrea	it, Approximata interval Between Onset and Daeth			
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TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Savindu & Tulle M.D. 29c. LICENSE NUMBER 29d. DATE SIGNED (MORN) D27188 11418						IGNED (Month, Day, Year)			
	Dr. Julka 2900 31. DATE FILED (Month, Day, Year)	Dunran Road 32. REGISTRAR'S SIG		4.23						
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospin THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HINPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		the hosp	detached		once.
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15. DECEDENTS BUCATION Give index working 168. KIND OF BUSINESS/INDUSTRY	NTAL STATUS 12.	. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexi	icen, Puerto	N? (Specify Yes or Na- Ricen, etc.)	Black, White, etc.		
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23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, about, or heart failure. List only one cause on each line. MAPPION MARCHITES Male and address of FACILITY 1701 MCCUILIC	ores Hill							(n. 10 m. 1 - 1 - 1	
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Diabelics Performed? Yes 2 NO	resulting in death) LAST								
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(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated.	Dullding, etc. (Specify)								
	ck only CERTIFYING PHYSICIAN	To the best of my knowled the basis of examination of	dge, death occurred a	it the time, date end place, end du in my opinion, death occured at th	us to the ca	use(s) end manner ee s	stated,	nd manner es stated.	
29c. BIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Ye	The state of the s			29c. LICENSE N	UMBER				
30. NAME AND ADDRESS OF PERSON WHO CHIMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	AND ADDRESS OF PERSON WHO CO	1		int)	11/		1/11/	92	
PELLYO E. CORNET MI	PELLYD	. Copp	En W				,		
31. DATE FILED MANTE, Pay, Gran 1992 32 REDISTRANS FLORANCE CONTROL OF THE STREET OF T	FILEPANN 1 6 1992	32 REPOSTRONA FORMA	unfanded.						



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4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.	last birthday)	IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	- 16	DIDTUDE A	CE (State or Foreign
213-36-8538	1 🗆 M 2 💢 F	100	YRS.	MONTHS		HOURS MIN.	1 (Mont	1-1891		Country) Mich	i dan
9e. FACILITY NAME (If not institution, give	street end number)			9b. CIT	ry, town o	OR LOCATION OF I		2032	9c. COUNT	Y OF DEATI	-
16 Breton Hill F	d. Apt 2E	3 2120	80		Bal	timore (ount	Y	PA	491	MORE
100. STATE 10b. COUN Maryland	Baltimo	ore			or Local					100	I. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
16 Breton Hil	-	Baltir			-				U.K	ζ.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		NT EVER IN U.S. / I YES 2 D MAR OR DATES		13	It yes, sp	ecity Cuben, Mexic 2 TAO Spec	en, Puerto		or No- 14	SpecifW	
15. DECEDENT'S ED (Specify only highest grad			DECEDENT'S (Give kind of life, Do NOT u	work done	e durina mo	ON st of working	168	. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Home		,			Own hor	ne		
17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
Robert Ro	berts					Anne					
19e. INFORMANT'S NAME (Type/Print)						nd Number or Rura					
Janeen Detrich 200. METHOO OF DISPOSITION						ve. West				-	
1 Burlel 2 Cremetion 3 Rei	moval from State	cemetery, c	EAND DATE	other place	el le		OAT		CATION — CIE		
21. SIGNATURE OF FUNERAL SERVICE	TOENSEE	Gree		In T 22	. NAME AN	atory]	ACILITY	921 Ba.	Ltimor	e Cit	y
+ Pole.	X O.D.	1. W	lmo	1)	Brac	lley Ash	ton 1	Tuneral	L Home	e, Inc	c. d. 21222
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 100) 2 MEDICAL EXAMINERS.	a. PR TR DUE TO b. DUE TO c. OUE TO d. OUE TO d. OUE TO d. OUE TO DUE TO d. OUE TO DUE	(OR AS A CONS (OR AS	EOUENCE O EOUENCE O EOUENCE O resulting a DOA 28b. TiM IN. home, farm,	OTHE FI: OTHE O	26. PL R: R: Image Hom 28c. INJI 1 1 1 totory, office	ACE OF DEATH (CO S TRESIDENCE 1 NO end place, end du	Part i. heck only or G Other 28d. DEst	24a. WAS AN . PERFORI 1 YES 2 PO YES 3 PO YES 2 PO YES 2 PO YES 3	JURY OCCUI	24b. WEF AMA COO OF 1 RED Rural Route	Onset and Das
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. WICKETTER (Check only one) 2 MEDICAL EXAMINE 29b. WICKETTER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND FORESS OF PERSON W	a. PRTP DUE TO b. DUE TO c. OUE TO d. OUE TO d. OUE TO d. OUE TO DUE TO d. OUE TO d. OUE TO d. OUE TO DUE TO d. OUE TO DUE TO d. OUE TO DUE TO d. OUE TO DUE TO d. OUE TO DUE TO	(OR AS A CONS (OR AS	EOUENCE O EOUENCE O EOUENCE O resulting a DOA 28b. TiM IN. home, farm,	OTHE FI: OTHE O	26. PL FR: rining Hom 28c. INJI ttme, dete opinion, di	ACE OF DEATH (O 5 M Residence URY AT RK? (ES 2 NO end place, end du eath occured at th	Part i. heck only or G Othe 284. Dec City e to the cer e time, date	24a. WAS AN / PERFORI 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street e. or Town, State) Jee(s) and menical end place, end	JURY OCCUI	24b. WEF AMA COO OF 1 RED Rural Route	Onset and Dari RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO Number,
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March of the Morell

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

217-14-5516A

VICTORIA

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BOX 68760,	CONTRACT OF ATTENDISCOUNT TO THE STATE OF TH
BO	4
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S, P	44
ORD	40.00
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TAL	The face
OF VI	CHANCIOLANI
DIVISION OF VITAL RECORDS, I	OTT PRINCE
	000
	ATAMONA.

permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR INTON MEMORIAL HOSPITAL BALTIMORE CITY 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21239 burial-transit 1320 RAMBLEWOOD ROAD urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ◯ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced filled in by the funeral director, page 5 should be detached for use as the ion, or removal. COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COOK 8th 17. FATHER'S NAME (First, Middle, Last) notified at GEORGE CHAPPELL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Goder, 1320 RAMBLEWOOD RD/BALTIMORE, MD 21239 2 BERNICE ALLENDER SMACKUM pe 20e, METHOD OF OISPOSITION
1 | Removed 1 | Removed 1 rom State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE cometery, crematory or other place)
LOUDON PARK CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY medical 23. PART I. Entar the diseases, or complications that caused the death. Qo not entar tha mode of dying, such as cerdiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Final cremation, the disease or condition signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic Corgettue heart
OUE TO HOR AS A CONSEQUENCE OF: resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa or other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 23 shows any injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL Chroni has been PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER:
4 Nursing Home 5 Residence 3 Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 92 3 Suicide COMPLETED 8 Could not be determined item 28 4 Homicide 29s. CERTIFIER

(Chark only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. TO THE HOSPITAL ITO THE FUNERAL CE BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER m 5 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mound 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

VICTORIA JONES

6. AGE (In yrs. last birthday)

81 YRS.

IF UNDER 1 YEAR

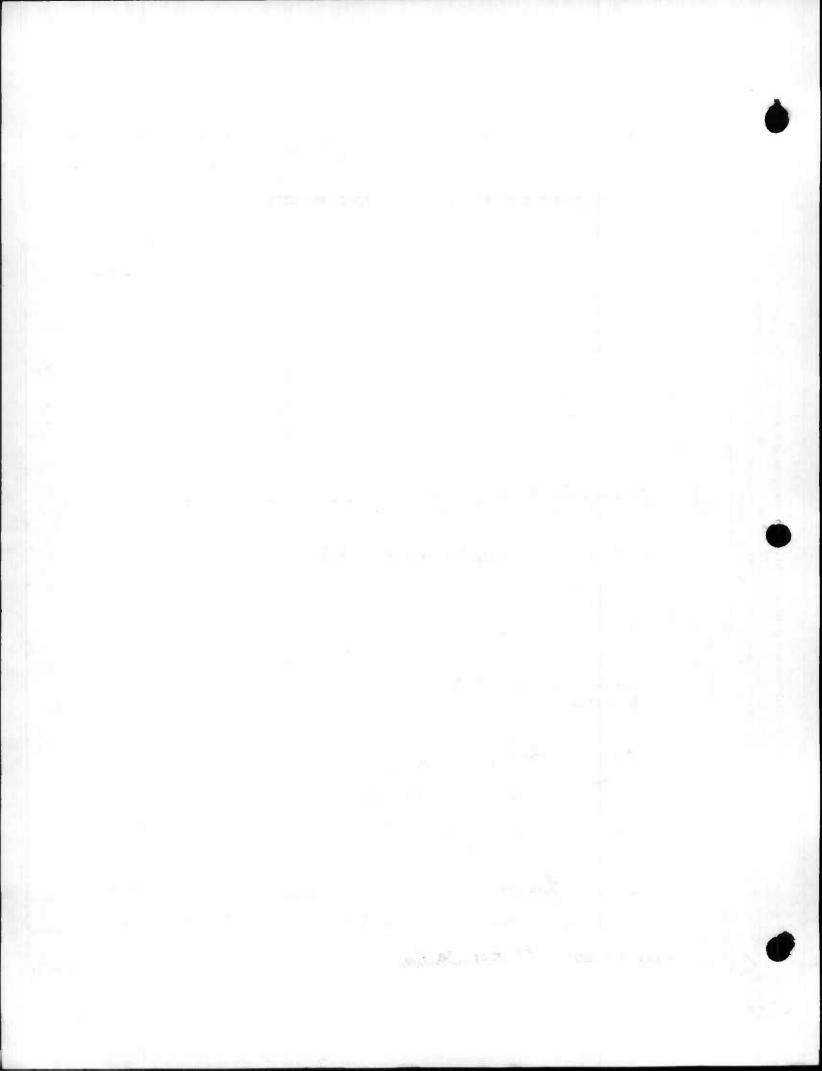
Jones

5 SEX

1 M 2 X F

92 00769

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH 3. TIME OF DEATH 92 YEAR DAY 1130 p M 12 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5-16-10 9c COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE - American Indian, Black, White, atc. BLACK 16b. KIND OF BUSINESS/INQUISTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname)
EFFIE SOLOMON 20c. LOCATION - City or Town, Stata BALTIMORE CO. MD WM.C.MARCH F.H./1101 E. NORTH AVENUE Approximete Interval Between Onset and Death 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 6 1 | YES 2 | 0 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 29d. DATE SIGNED (Month, Day, Year) 1/12/92 Belts ad

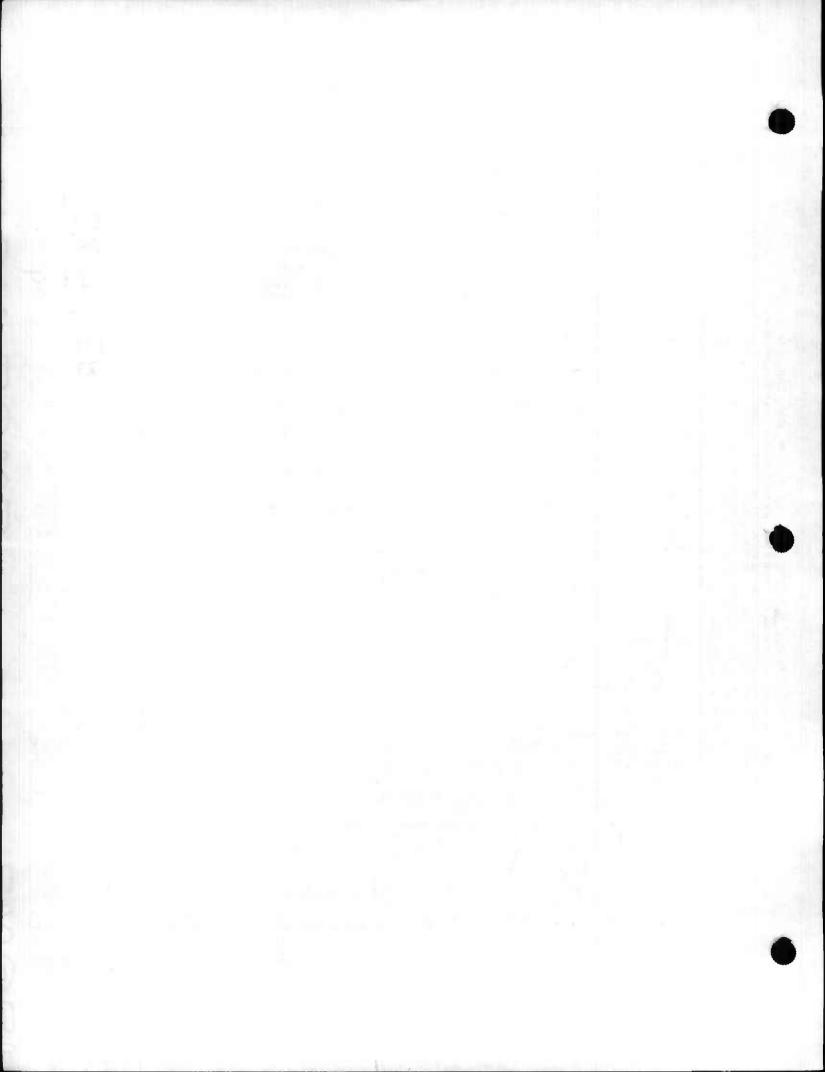


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFICA			ENTAL HYGIENE REG. NO.	- 5	00770		
1. DECEDENT'S NAME (First, Middle Susan Wilda					2. DATE OF DEATH MONTH DAY 01 05	year 92	3. TIME OF DEATH 0337 A ^M		
4. SOCIAL SECURITY NUMBER 577-12-8445 94. FACILITY NAME (If not institution	1 🗆 M 2 💢 F	84 YRS. MON		RS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-24-1907 TH 9c	Coun	Carolina		
Lions Manor			umberlan	đ	A	llegar	y County		
Maryland A	COUNTY llegany County		en or location dtown				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER Rt. #1, Bo	x 417 A		101. ZIP	21555	104	g. CITIZEN OF USA	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	if yes, specify		C ORIGIN? (Specify Yea or M , Puarto Rican, etc.)	Bta Spe	CE — American Indien, ck, White, etc. city: White		
	T'S EDUCATION sat grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work iffe. Do NOT use reti	done during most of v	vorking	Gov't Wo	ss/MDUSTRY Orker	In		
17. FATHER'S NAME (First, Middle, Phillip Hile			18.		IE (First, Middle, Melden Surn	-			
190. INFORMANT'S NAME (Type/Pr Robert Malam	int)			imber or Rural Re	ry E. Taylo; oute Number, City or Town, St Oldtown, MD	ate, Zip Code)			
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from State	Ob. PLACE AND DATE OF f cemetary, crematory or o	DISPOSITION (Nan			ON — City or	Town, State		
21. SIGNATURE OF FUNERAL SEF	NICE LICENSEE Ronald W	Made, Dîr. 1-13-92	22. NAME AND AD		STATE AN				
23/ PART I. Enter the disease ahock, or heart immediate Cause (Finel disease or condition resulting in death)	ea, Dr complications that cause failure. List only one cause on a. Due to (on as	ad the deeth. Do not each line.	architer the mode of	f dying, auch	aa cardiac Dr reepirato	ory arrest,	Approximate interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART it. Other aignificent or	onditions contributing to deeth	but not resulting in t	e underlying ce	use given in I	Part i. 24a. WAS AN AUT PERFORMED 1 YES 2 X	0?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 40. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:									
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pend	26e. DATE OF INJURY (Month, Day, Year)	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURE WORK?							
2 Accident Investigation 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
(CONSTRUCTION ONLY	IG PHYSICIAN: To the best of my kno EXAMINER: On the burn of examinat						e(a) and manner as stated.		
W.G. Fiscus	MID		1	12779	DER 29	d. DATE SIGNE	D (Month, Day, Hour)		
W.G. Fiscus 31. DATE FILED (Month, Day, Year)		or Wursing		ımber1a	and, MD 215	02			
JAN 16	1992 Julia Davis	son-Randella							



REG. NO.

urs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

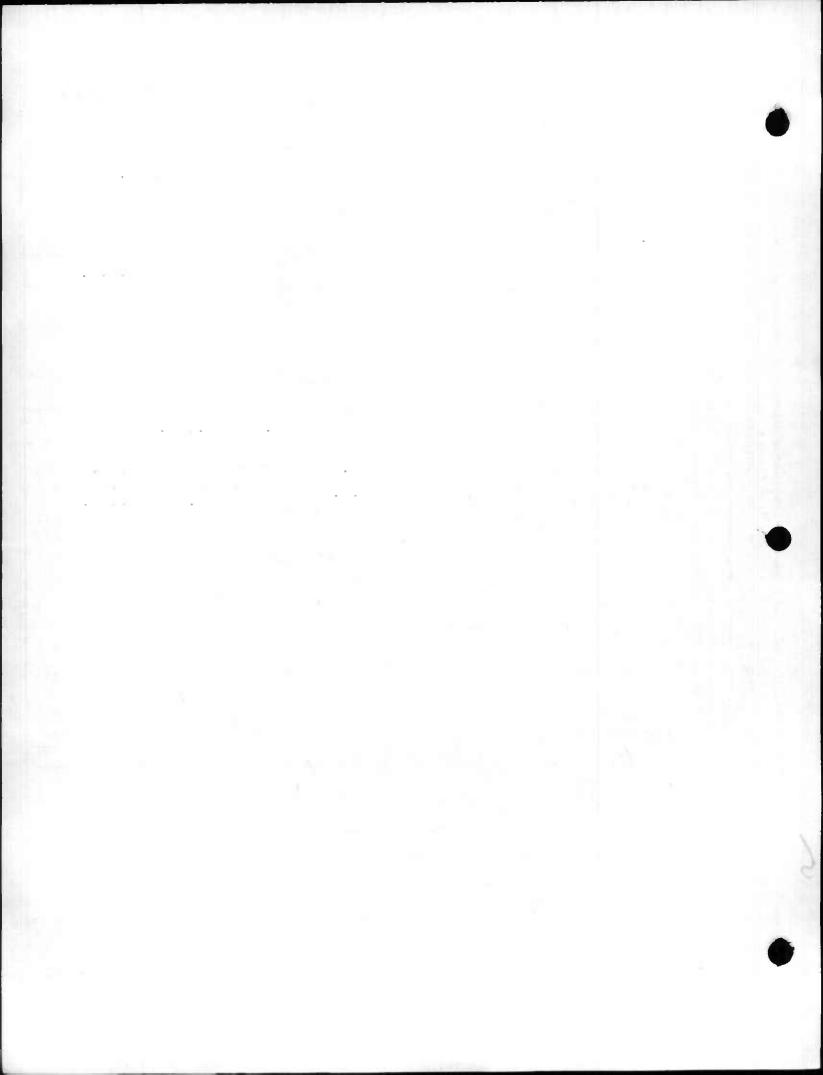
STATE REGISTRAR

P.O. BOX 68760, DIVISION OF VITAL RECORDS, HOSPITAL OR ATTENDING PHYSICIAN: The law

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Virginia Johnson 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 87 HOURS Carolina S. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 5828 Jonquil Avenue DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore City 1 TYES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5828 Jonquil Avenue 21215 U.S.A. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes. specify Cuben, Mexicen, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto R
1 ☐ YES 2 1 NO Specify: BY 3 Widowed 4 Divorced Specify: **Black** COMPLETED 15. DECEDENT'S FOUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondery (0-12) College (1-4 or 5+) Retired Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
Mamie James Bryant Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5828 Jonquil Ame. Balto., MD. 21215 9 Donna Grant pe 24a METHOD OF DISPOSITION
LIBURIE 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State Park 1-10-9 Mem. Arbutus, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY E.L. Phillips F/H ST. Balto., MD.21217 Torett #281 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or haert failure. List only one cause on each lina. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): einoma CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician an Dept. of Health and Mental Hyglene prior to 1.23 shows any Injury, or other traums If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceues given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF OEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) tem FUNERAL DIRECTOR: After this certificate I within 72 hours after death with the State ITANT. If Item 28 is marked, or Item OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YE8 2 7 10 HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 1XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end menner ee stated. TO THE DE filed v H 29c. LICENSE NUMBER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Printy) KARAN. 345 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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TO BE COMPLETED BY FUNERAL DIRECT

G-683 1/30/92 cm								
2-0176-031 Ite	em 1, per M	1EO, G-69	93, 11	./6/92 <	gn		9;	2 00772
1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC	CATE OF	EALIH AND		HYGIENE REG. NO.		00/16
JAMES	A		NSON		2. DATE OF MONTH	DEATH DAY	199	3. TIME OF DEATH 92 8:57 A. M
4. SOCIAL SECURITY NUMBER 215-50-1140	5. SEX 8. AGE 33		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	SEPT	BIRTH	1.	8. BIRTHPLACE (State or Foreign Country) MD •
9a. FACILITY NAME (If not institution, give		9		OR LOCATION OF D			9c. COUNT	TY OF DEATH
SHADY GROVE AT			ROCKVI				MONT	TGOMERY
	TGOMERY		TOWN OR LOCAL CRMANTOW				-	10d, INSIDE CITY LIMITS? 1 YES 2 7 NO
100. STREET AND NUMBER 17620 BURDETTE LA	A NTE:	•	10	of. ZIP CODE	0874		10g. CITIZE	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	5 2 NO	If yes, ap	CENDENT OF HISPAI	ANIC ORIGIN? (S	Specify Yas	or No- 1	14. RACE — American Indian, Black, Whita, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATESXX	1 🗆 YES	S 2 NO Specif	city:			Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use n	ork done during mo retired.)	ON ost of working			INESS/INDUS	
12 17. FATHER'S NAME (First, Middle, Lest)	1	Mainter	nance	18. MOTHER'S NA				Cleaning
Kenneth A. John	ison			H. Pa	auline	Howai	rd	
19a. INFORMANT'S NAME (Type/Print) Pauline Johnson	n		DDRESS (Street a	and Number or Rural	Route Number, (City or Town,	, State, Zip C	(ode)
20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Ram	200	b. PLACEAND DATE OF	DISPOSITION (Na	lame of	DATE	1		ity or Town, Stata
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	ICENSEE	Pretery, cremetery or other Corest Oak	22. NAME AL	ND ADDRESS OF EA	1/15			burg, Maryland
· Muriel	H. Ba	rher	MURI P. O	IEL H. BA D. BOX 50	ARBER F 038. LA	AYTONS	SVILL	E. MD. 20882
23. PART I. Enter the diseases, pr ahock, pr heart feliure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DILATED CA	ed the death. Do not eech line. ARDIOMYOPA A CONSEQUENCE OF):	t enter the mo	de of dying, suc	th as cardiac	or reapira	itory arrea	at, Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS /	A CONSEQUENCE OF):						
CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
PART II. Other significent condition		out not resulting in t	the underlying	g ceuse given in		a. WAS AN AL PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						-		t YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	C	26. PL	LACE OF DEATH (Ch	neck only one)			
1/5 Aven 2 NO 27. MANNER OF DEATH	1 Inpatient 2 X ER/Outp	patient 3 DOA 4 [Nursing Home		8 Other (Spe 28d, DESCRIB		area occu	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	YES 2 NO				
3 Suicide S Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	Y — At home, term, stree lolly)	et, factory, office	•	28f. LOCATION City or To	ON (Street and own, Stete)	d Number or	r Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	SICIAN: To the best of my knowlers: On the basis of examination	ledge, death occurred a	at the time, data in my opinion, d	and place, and due	to the ceuse(s)) and manne place, and	er as stated.	cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM				SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	HO COMPLETEO CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	int)	O.C.M.				-12-1992
DONALD G. WRIGHT	MO DOME	111 PE	NN ST	REET BA	ALTIMO	RE M	1ARYI	LAND 21201
JAN 16 1992	32 HEGSTRATS SIGNA	of Thompseller						

AND 21215-0020 The hospital or attending physician. detached for use as the buriat-transit permit. Pages 1, 2, 3 should	0000
DIVISION OF VITAL RECORDS, P.O. BOX 68760, PITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retailned by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, In the HEAPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 to the FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely 1 to the man in 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or
• 5	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HE	EALTH AND I	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) MARY C	JEWO	CR			2. DATE OF DEATH MONTH		2 1955 M
	4. SOCIAL SECURITY NUMBER 214 20 9386 LITY NAME (If npt Institution, give at	1 □ M 2 1 6	3 YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	128	BIRTHPLACE (State or Foreign Country) Maryland
CTOR	North A	rundel,	Hosp "	Glen	LOCATION OF DE	urnie	9c. COUNT	A DEATH
DIRECTOR	*	e Arundel		wn on Location	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	929 Pierpoint D				21122		U.S	N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, spec	NDENT OF HISPAN Hy Cuben, Mexica NO Specify	IIC ORIGIN? (Specify) n, Puerto Rican, etc.)	ea or No- 14	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 12th Grade	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti Housewif	done during most ired.)	of working		USINESS/INDUS	
OM	17. FATHER'S NAME (First, Middle, Last)		nousewii		18 MOTHER'S NAI	ME (First, Middle, Maide	Maker	
BE C	Ţ	homas Yoe			Amel			
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To		
	James Jewer	- I min			t Drvie		-	land 21122
	1 Strial 2 Cremation 3 Remo	oval from State cemet	ery, crematory or other p ery, Haven	lace)			THE SECTION AND	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	A I III III III	22, NAME AND	ADDRESS OF FAC	HITY		nie, Maryland
	- Horna M	Somerol	whi	4001 1	Ritchie	nce Funera Hwy. Balt	imore.	Md. 21225
	23. PÁRT I. Enter the diseases, pf c shock, pr haert fellura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hey te	CArd			r hepth		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	OUE TO (OR AS A C	ONSEQUENCE OF):	rom.	E			
CERT	reaulting in deeth) LAST	1.						
MEDICAL	PART II. Other significent conditions	contributing to death but	not resulting in the	a underlying o	ceuse given in f	Part I. 24e. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL			10.00				
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpate		HER:	E OF DEATH (Che			
PHYSI	27. MANNER OF GEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUR WORK	Y AT	28d. DESCRIBE HOW	INJURY OCCUR	EO
BY	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could get be	28a. PLACE OF INJURY —	At home form street	M 1 YES	8 2 NO	and I control to		
ELEC	4 Homicide determined	building, atc. (Specify))	isclory, office		281. LOCATION (Street City or Town, State	and Number or I	Hural Houte Number,
COMPLETED	2 MEDICAL EXAMINER	EIAN: To the best of my knowled t: On the basis of examination a	ige, death occurred at t and/or investigation, in a	the time, date an my opinion, deat	nd place, and due to	o the cause(a) end mi	nner as stated,	suse(a) end manner sa stated.
IO BE	296/SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	J-smo	Depu	fy 2	DO60	D54	29d. DATE SI	GNED (Month, Gay, Year)
	31. DATE FILED (Month, Den Year)	JONES 32. BEGISTBAR'S SIGNATU	PC	O Bo	× 9	9	207	11

Dorth Arablel rea Glen Bacole Fa

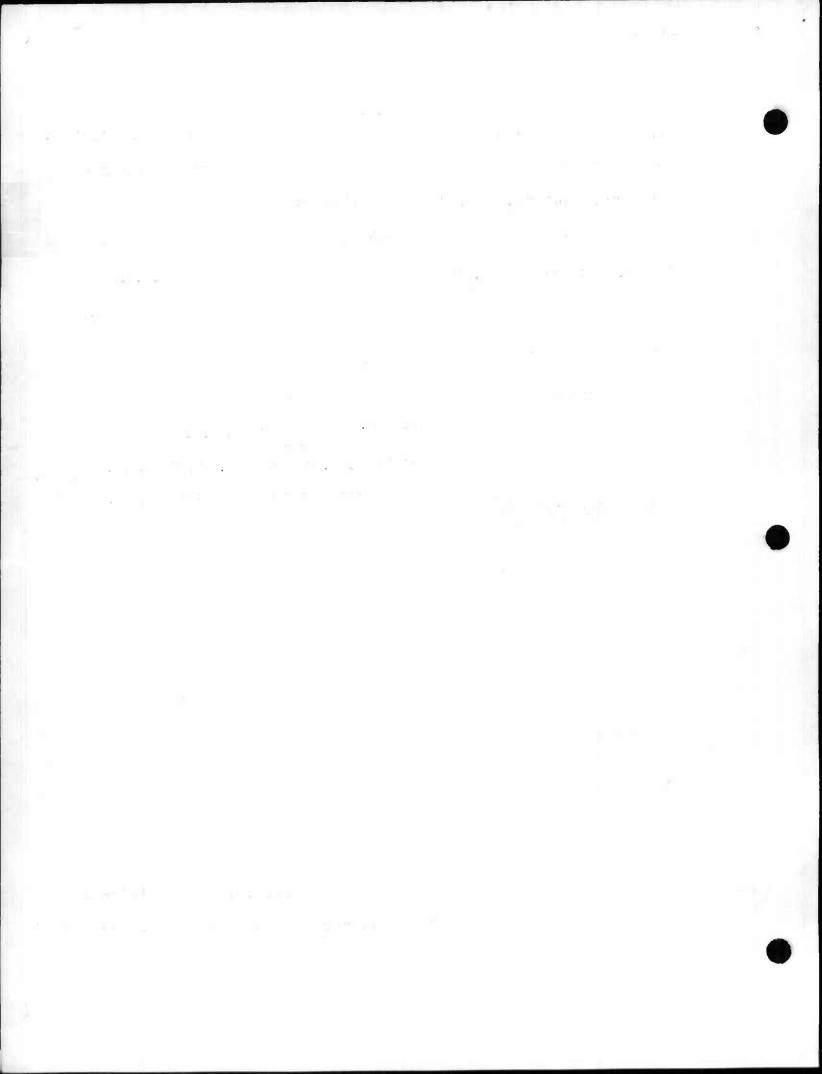
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ICIAN	ertific
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nsit permit. Pages 1, 2, 3 should CEPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp RAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WIT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					92 (3077
	STATE OI	F MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
ME (First, Middle, Last)			Bilitz	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	IEALTH AN	D MENT	AL HYGIEN		· ·	0114
	1. DECEDENT'S NAME (First, Middle, Last)			Bilitz			TE OF DEATH			3. TIME OF OEATH
	Paul	Joseph Biltz				MOI	MONTH DAY 9		ZAR	1:45 P. w
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HR		E OF BIRTH			IPLACE (State or Foreign
	144-24-2064	1 🛱 M 2 🗆 F	59 YRS.	MONTHS DAYS	HOURS MIN		nth, Day, Year) /25/33		Countr	γ)
	9e. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN C	OR LOCATION OF		/23/33	9c. COUNT		Jersey
DIRECTOR	3120 St. Paul		03B	Balti						
RE	10e. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCAT	ION					10d. INSIDE CITY
	Maryland City	У	Ba]	timore	. ZIP COOE			10- 017175		LIMITS? 1 YES 2 NO
ER/	3120 St. Paul St.	reet Ant 103	D	""						WHAT COUNTRY?
N	11. MARITAL STATUS			13 WAS DEC		BANIC ORIC	MAIS MONTH OF THE WAY	U.S.		
	1 🖾 Never Merried 2 🗌 Merried	FORCES? 1 YES 2	NO	If yee, spi	ecify Cubers, Mea	ricen, Puerti	o Ricen, etc.)	or No- 14	Bleck	American Indian, c, White, etc.
	3 Widowed 4 Olvorced	IF TES, GIVE WAR ON DATE:	3	1 YES	2X NO Sp	ecify:			Speci	White
1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO 1					N .	10	Sb. KIND OF BUS	INESS/INOUS	TRY	MITCE
Ħ.			(Give kind of wi	ork done during mo: retired.)	st of working					
APL	12	6	Self E	mploved		_				
Ö	17. FATHER'S NAME (First, Middle, Lest)			,520) 00	18. MOTHER'S	NAME (First	, Middle, Maiden	Sumeme)		
	Joseph Bilitz							,		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Ru	ral Route Nu	mber. City or Town	2. State Zio Co	rde)	
۲	Olga Emanuel									
	20e. METHOD OF DISPOSITION	20b.PL	ACE AND DATE O	F DISPOSITION / Na	me of 1/15	11616	TF 20c LOC	CATION - CIN	or To	wn State
	4 Donetion 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE /	7 14 4114	22. NAME AN	D ADDRESS OF	FACILITY	Dippei	Funer	al	Home, Inc.
1	Tol Via	pell		7110	Belair	Road	Balt:	imore,	MI	21206
	23. PART I. Enter the cleaner, or shock, or heart falkure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ompilications that caused the list only one cause on each		cap			_			Approximate interval Between Onset and Death
		OUE TO (OR AS A CO	NSEQUENCE OF				•			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF)	*						
E	cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A COI	NSEQUENCE OF)	1.						
	reaulting in death) LAST									
	PART II Other elegificant conditions									
N.	PART II. Other aignificant conditions	contributing to death but n	ot resulting in	the underlying	cause given	in Part i.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ							1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
Z							/		1	1 TYES 2 NO
Z										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check only o	one)			
YSi	1 X YES 2 NO	1 Inpetient 2 ER/Outpetier	H 3 DOA	OTHER: 4 Nursing Home	XXResidence	e 6 🗆 Oth	er (Specify)			
F	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU		IRY AT	28d. DE	SCRIBE HOW IN	JURY OCCUR	EO	
B≼	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
- 11	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	t homa, ferm, at	reet, factory, office		28f. LO	CATION (Street er	nd Number or I	Rural Ro	oute Number,
Ë١	4 Homicide determined					City	or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	, death occurred	at the time date	and place, and d	ue to the e	usa(a) and mo-	ner as contact	-	-
8	one) MEDICAL EXAMINER	: On the beele of examination end	i/or investigation,	In my opinion, de	eth occured at 1	he time, dat	a and place, and	due to the o		and manner on white d
	29b. SIGNATURE AND TITLE OF CERTIFIER		^				p.mce, and			
BE	11(111	lako W	11)		29c. LICENSE N				_	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH	OTEM OT	V-1	0.0	.M.E	•	1	-1	1-92
			(11 ⊆m 21) (Type, F	TIN()					_	
	I TON I DUN	(M)	111							
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAN'S SIGNATUR GUNA DRUMADON	111 Pe	enn Str	eet,	Balt	imore	Mar	y 1 a	and 21201



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	a a	2
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b	28	2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

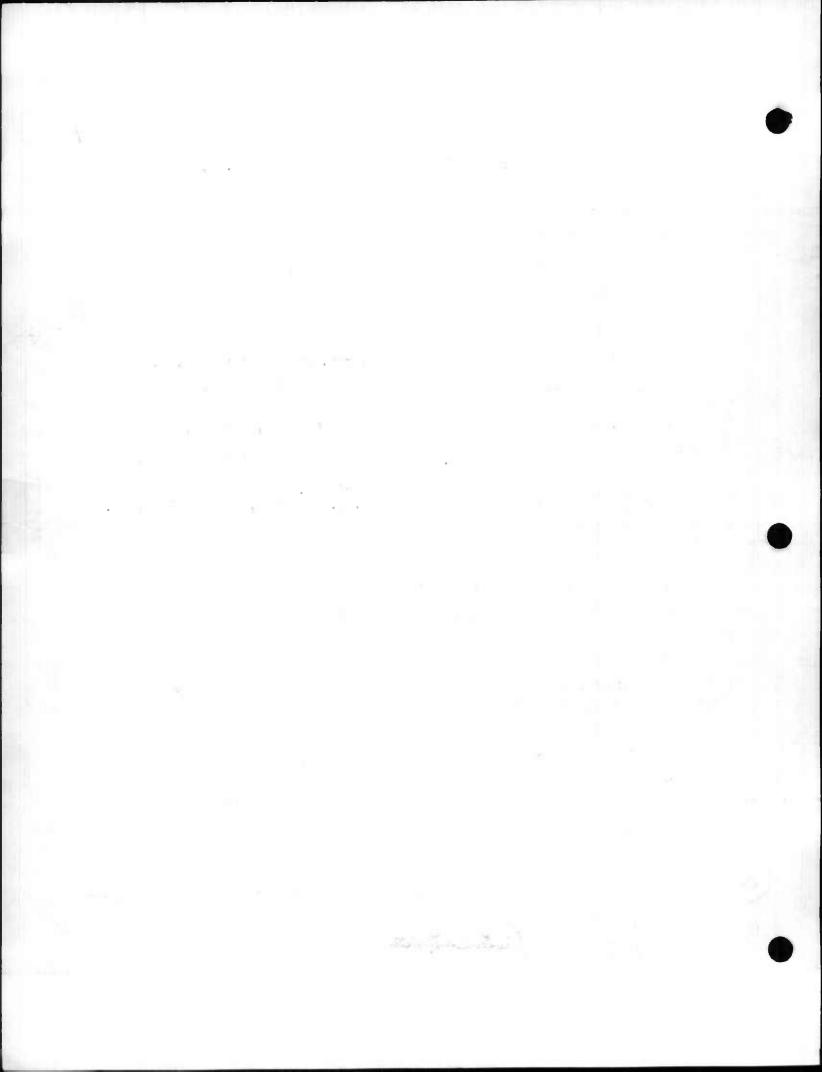
31. DATE FILED (Month, Day, Year IAN 16

1992

should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH WONT'N Miriam F. King 92 FAR 2:45 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Jan. 20, 1918 1 🗌 M 2 🔯 F DAYS 214-16-7324 Maryland 73 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Montgomery General Hospital Olney Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Glenwood 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4060 Roxmill Court 21738 USA 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicon, Puerlo Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 300 1 TYES 2 XXXIO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Supervisor, Dept. of Interior U. S. Government 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumeme) Casper Carlton Fink Rhoda Myrtle Getz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sharon L. Crown SAME AS # 10 20e. METNOO OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE St. Lukes Cemetery 1/14 4 Donation 5 Other (Specify) Redland, Maryland 21. SIGNATURE OF FUNERAL SERVICE MICENSI 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home Turil 0. Box 5038, Laytonsville, 20882 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finsi disesse or condition RESPIRATORY
DUE TO (OR AS A CONSEQUENCE OF): FAILURE resulting in death) ASTIMA Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): PULMONAR COR DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO HYPEATENSON COMPLETION OF CAUSE OF DEATN? 1 TES 2 7 NO DIMBETES MELLIUS 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inputient 2 ER/Outputient 3 DOA OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF OEATN 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending М 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide determined 1 SC CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON MPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

TEN DAKS



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HYSICIAN: The law requires that the death certificate be executed within Zaraviurs after death. Page 6 may be retained by the hospital or attending physician.	certificate ha	with the State Dept. of Health and Mental Hygiene prior to burnat, cremation, or removal.	ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IEPITAL OR ATTENDING PHYSICIAN: The law requi	certificate ha	Artin 72 hours after death with the State Dept. of H	TTANT: If Item 28 is marked, or Item 23 show

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME				GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
	MORRIS BERNA	ARD KRAV	/ITZ			Janua		1992	7.00 A M
	004 00	SEX 6. AGE (In yr.	s. last birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	RTH Year)	Coun	"
	9a. FACILITY NAME (If not institution, give street		9b. 0	ETY, TOWN O	R LOCATION OF DE	Sept.	9c. C	OI NE	W York
DIRECTOR	205 N. 11th St. Unit 5 Ocean City				City		N	lorces	ter
S S	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY
	Maryland Worces	ster	Ocean						LIMITS?
FUNERAL	100. STREET AND NUMBER 205 N. 11th St. Un	iit 5		10f.	21842		10.11	CITIZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S	S. ARMED		ENDENT OF HISPAN		cify Yas or No	— 14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WW	s No		2X NO Specify		etc.)	Spec	
	15. DECEDENT'S EDUCATION		•	COOLIDATIO		Tank Marin	OF BUSINESS		willfe
	(Specify only highest grade com	npleted)	a. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	ne during mo	in it of working	16b, KIND	OF BUSINESS	S/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) C	College (1-4 or 5+)	Salesman			Auto	omobile	Indu	ıstrv
NO	17. FATHER'S NAME (First, Middle, Last)		Jaicsmail		18. MOTHER'S NA				
ш	Paul Kravitz				Fannie		Co	rdon	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street a	nd Number or Rural F				
¥	Arthur Kravitz		900 N. E	3room	St. Apt	. 8 W	ilmina	ton.	DE 19806
	20a. METHOO OF DISPOSITION 1	from State 20b. Pt. Ma	ACE OF DISPOSITION her place) ryland Ve	/Alama of non	notena commetona co	- 1	204 LOCATION	M Clin or T	own State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE						Willi	ams St.
	A Frik Buch	base		Burba	age Fune	eral Ho	me		MD 21811
	23. PART I. Enter the diseases, or com ahock, or heert fellure. List IMMEDIATE CAUSE (Final	plications thet caused th	e death. Do not an	ntar the mo	de of dying, suci	h as cerdiac o	or raspiratory	y arrest,	Approximate Interval Between Onset and Death
	disease or condition resulting in desth)	CONS F.	STIVE	h	EART	FAI	LUA	L	
Z		CORONI	ARY Y	RTE	KY.	DISFI	AIR		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate corp. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or injury	DUE TO (OR AS A CO			· · · · · · · · · · · · · · · · · · ·				
Ē	that initiated events resulting in death) LAST	50E 10 (OR AS A 00	Macademoc or j.						
CE	d								+
CAL	PART it. Other eignificent conditions of	ontributing to death but	not resulting in the	underlying	g cauae given in	PERFORMED? AVAILABLE PRIC		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC						_ ' '	,	Ĭ	OF DEATH?
ž						_			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
Sic		OSPITAL: Inpatient 2 ER/Outpatie		HER: Nursing Hom	e 5 KResidence	8 - Other (Spe	ocify)		
E	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WC	URY AT	28d. DEŞCRIB	E HOW INJURN	OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)					Route Number,			
COMPLETED	CONSER ONLY	N: To the best of my knowledg							(a) and manner as stated
	29b, SIGNATURE AND TITLE OF CERTIFIER	/			29c, LICENSE NUI				COMING CONTRACT OF STREET
8	A D L MA	uhi Mn			1	10	290.		D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	I (ITEM 27) (Type, Print)		1209	14		Janu	ary 11, 1992
	Dr. Dennis Chodi	nicki, M.D.	Locust		ncy St.	Salisbu	iry. M	D 21	801
	JAN 16 1992	32 REGISTRAS'S SIGNATU	fandell.						

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BALTIMORE, MARYLAND 21215-0020

7 5 3 3	0300-01313 01103	stained by the hospital or attending physician.	should be detached for use as the hurial-transit permit Page 1.2.3 should	and the state of t	utified at once
TO THE HOSPIN THE FUNER. TO FIED WITHIN THE		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be	If THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	Se filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at name

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGI		00111				
1. DECEDENT'S NAME (First, Middle, Las	0			DEATH	2. DATE OF DEATH		3. TIME OF DEAT	TH.			
ALBERT	J.		LEWIS		MONTH 1	DAY 1 9	92 3:20	P			
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	1	6. BIRTHPLACE (State or Fo	_			
219-52-7458	1 M 2 F	41 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year 8-1-1	50	Country) Md				
UNIVERSITY		AL				9c. COUN	TY OF OEATH				
RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. MYES 2 NO Specify Cuben, Mexicen, Puerto Ricen, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) E Vi On Brooks											
	dford				3		EN OF WHAT COUNTRY?	NO			
1 Never Married 2 Merried	FORCES? 1 X Y	ES 2 NO	If yes,	ECENDENT OF HISI specify Cuben, Mex	ANIC ORIGIN? (Specify cen, Puerto Ricen, etc.)	Yes or No-	14. RACE — American India Black, White, etc.				
(Specify only highest gra	de completed)	(Give kind of	work done during i	TION nost of working	16b, KIND OF	BUSINESS/INDU	STRY				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	IAME (First, Middle, Mak	ion Surname)		_			
	S			Evion	Brooks						
19a. INFORMANT'S NAME (Type/Print) Diane Wingfie	eld	19b. MAILING 410	ADDRESS (Street	and Number or Aunield Ave	nue Baltir	Town, State, Zip o	d 21215				
20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 Re 4 Donetton 5 Other (Specify)		20b. PLACE AND DATE	OF DISPOSITION (Vame of	DATE 20c.	LOCATION — CI	ity or Town, State	_			
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Garriso		AND ADDRESS OF		Jwings	Mills, Md				
► 490 d				ch F/H W O Wabash							
IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. Sunce	S A CONSEQUENCE OF	Hen	orrha			et, Approxime Interval Be Oneet end	etwe			
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF									
PART II. Other algnificant condition	ons contributing to death	but not resulting i	n the underlyl	ng cause givan i	n Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIN	NDING			
					PERF	ORMED?	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	TO AUSE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (theck only one)						
1 XYES 2 NO	1 X Inpatient 2 - ER/O		OTHER: 4 Nursing Ho	me 5 - Residence	8 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		JRY W	JURY AT ORK? YES 2 NO	SIIR IFCT		RED TRIKING HEA	D			
Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, a	281, LOCATION (Street	et end Number or							
196. SIDE AND TITLE OF CERTUIN		1)		29c. LICENSE N			BIGNED (Month, Day, Year)	_			
30. NAME AND ADDRESS OF PERSON W	UZ he !!	V CANAL STATE OF THE STATE OF T	Di-e	р.с.м.	Ξ.		12-1992				
JUAKON LOY	KE, M	DEATH (ITEM 27) (Type,		STREET	BALTIMO	RE MAR	YLAND 212	20			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			1	ward a LITO	III IIII	THUMD 717	. 0			
JAN 16 1992	0	1- Popular									

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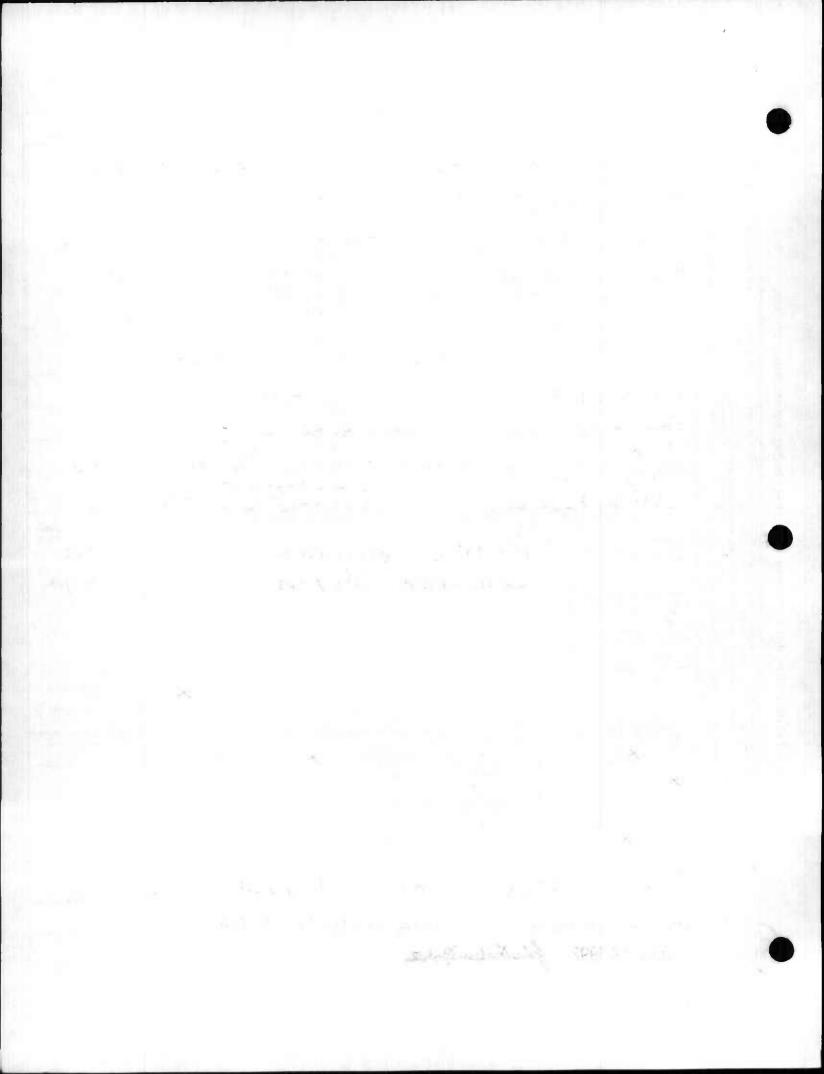
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the the State of the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND ME	ENTAL HYGIE!		00770
	1. DECEDENT'S NAME (First, Middle, Last) Samuel	H. Lo	OKABILI		2	DATE OF DEATH	4 97	
	4. SOCIAL SECURITY NUMBER 215-01-9394	1 🛛 M 2 🗆 F	n yrs. last birthday) F 1 MON	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 5 = 21-	6. B	HRTHPLACE (State or Foreign ountry)
TOR	90. FACILITY NAME (If not institution, give st 4 CLOVEY WOOT RESIDENCE OF DECEDENT		96.	ESSE	LOCATION OF DEAT	Н	9c. COUNTY C	OF DEATH
DIRECTOR	MD 86	ALTIMORE		WN OR LOCATIO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4 Cloverwood	CT. U	nit 102	10f.	ZIP CODE 21221		109. CITIZEN C	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 🕱 NO	13. WAS DECE If yes, special YES	NDENT OF HISPANIC City Cuben, Mexicen, For Specify:	ORIGIN? (Specify Ye Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	16e. DECEDENT'S USU. (Give kind of work of the Do NOT use retil) MACHIN	done during most ired.)	of working	CAND	USINESS/INDUSTR	NHITE
	17. FATHER'S NAME (First, Middle, Last)	. LOOKAB	7	151	18. MOTHER'S NAME Albei	(First, Middle, Maider	Surneme)	
TO BE	190. INFORMANT'S NAME (Type Print) FAMILY RECO			RESS (Street and	ABOVS		Vn. State, Zip Code	
	20e. METHOD OF DISPOSITION 1	val from Stata	PLACE AND DATE OF DIS etery, cremetory or other p.	lace)	eof	1-15	CATION - City o	011
	21. SIGNATURE OF FUNERAL/SERVICE LICE	Rome.		EVAC	HARFOR	TOF ME	Moriss - Pack	2000
NOIL	immediate cause (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leeding to immediate	DUE TO (OR AS A	the death. Do not each line. CONSEQUENCE OF): CONSEQUENCE OF):	nter the mode	e of dying, euch e	s cardiac or reep	iretory erreet,	Approximate Intervel Between Onset and Death 3 yr
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CI	PART II. Other eignificent conditions	contributing to death bu	it not resulting in the	e underlying	ceuse given in Par	ti. 240. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:		HER:	CE OF DEATH (Check of			
BY PHYS	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpa 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUR		Other (Specify) d. DESCRIBE HOW I	NJURY OCCURED	,
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, ferm, atreet,	factory, office	281	LOCATION (Street City or Town, State)	end Number or Rur	al Route Number,
COMPLET	29e. CERTIFIER (Check only 2 MEOICAL EXAMINER	IAN: To the best of my knowle : On the beste of examination	edga, death occurred at t	the time, date army opinion, dea	nd piece, end due to the	he cause(e) end mei	nner se stated, and due to this cous	ue(e) end mennar ee stated.
TO BE	20 NAME AND ADDRESS OF DEPON	Sm	NO		D 1864	S	29d. DATE SIGN	1EO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	n	1012	Vorth	Point	Rd.		
	JAN 16 1992	32. REGISTRAR'S SIGNA	Randelle					





DALLIMONE, MARILAND ZIZIS-UUZU	Page 6 may be retained by the hospital or attending of residian	I director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ner must be notified at once.	
100 CO CO CO CO CO CO CO CO CO CO CO CO CO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending newscian	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAF ERTIF	RTMEN	IT OF H	IEALTH DEAT	AND I	MENTAL HYG	ENE	2 0	0779
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY ALMA LEWIS 2. DATE OF DEATH MONTH DAY									Н	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-03-3352	5. SEX 1 M 2 X F	6. AGE (In yrs. le	est birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTHPL Country)	10:55 a M
			/3	YRS.				127.5	Feb 26	1918	1 - "	sylvania
O. B.	90. FACILITY NAME (If not institution St. Agnes	Hospital				ry, rown o	r LOCATIO	ON OF DE	EATH	9c. COL	JNTY OF DEA	ATH
5	RESIDENCE OF DECEDER											
DIRECTOR	Maryland	COUNTY			v. rown ltin	or Locat	ION					Od. INSIDE CITY LIMITS?
4	10e. STREET AND NUMBER						ZIP CODE			104 00		AT COUNTRY?
FUNERAL	1135 Wicomico	Street				1	2123					AT COUNTRY?
I	11. MARITAL STATUS	12. WAS DECEDEN	FVFD IN U.S. AL	MED	1 +2	WM C DEC			IIC ORIGIN? (Specif	US		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2X	NO	1	If yes, spe	cify Cuben 2 X NO	t, Mexicer	n, Puerto Rican, etc.	Yee or No—	Black, \	- American Indian, White, etc. White
G	15. DECEDENT (Specify only highes	S EDUCATION	16e. DE	ECEDENT'S	USUAL (OCCUPATIO	N.		16b, KIND OF	BUSINESS/IN		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	' .	ive kind of v		during mos	st of working	7				
N N	8th		ne	memal	ker				home	maker		
	17. FATHER'S NAME (First, Middle, Le Alfred T. KIO								ME (First, Middle, Ma	den Sumeme)		
H							E1s		KOONTZ			
2	190. INFORMANT'S NAME (Type/Print Robert J. LEWI	,	7	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7959 Pipers Path Glen Burnie, MD 21(p Code) 2106	51	
- 5	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of carpetery, crematory or other place) Glen Haven Memorial Park 1-16 Glen Burnie, Maryland											
	21. SIGNATURE OF FUNERAL SERVI	22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave, Baltimore, MD 21229										
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, abock, or heart facture. List only one cause on each line.								Approximate interval Between Onset and Desth			
CERTIF	that initiated events resulting in death) LAST	titated events DUE TO (OR AS A CONSEQUENCE OF):										
WEDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF OF DEATH?								ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSFITAL:					ACE OF DE	ATH (Chec	ck only one)			
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nu		5 🗆 Real	Idence 6	Other (Specify)			
Y PHY	27. MANNER OF DEATH Natural 5 Pending			28b. TIME INJU	OF	28c. JNJU WOR	IRY AT			Bd. DEŞCRIBE HOW INJURY OCCURED		
ED B	2 Accident Investigs 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm, s	treet, fac			-	261. LOCATION (Str. City or Town, St	ret end Number ate)	or Rural Rout	e Number,
LE T	29a CERTIFIER						·					
OMP	(Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE (CHECK ONLY ONE)	PHYSICIAN: To the best of m MINER: On the basic of exa	ny knowledge, de imination end/or i	ath occurre	d at the t	time, date e opinion, de	and place, e	and due to	o the cause(e) end lme, date end place	manner ea stat	led. se ceuse(e) en	nd manner ee stated.
U U	29b. SIGNATURE AND TITLE OF CER									1		
TO BE	29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)											

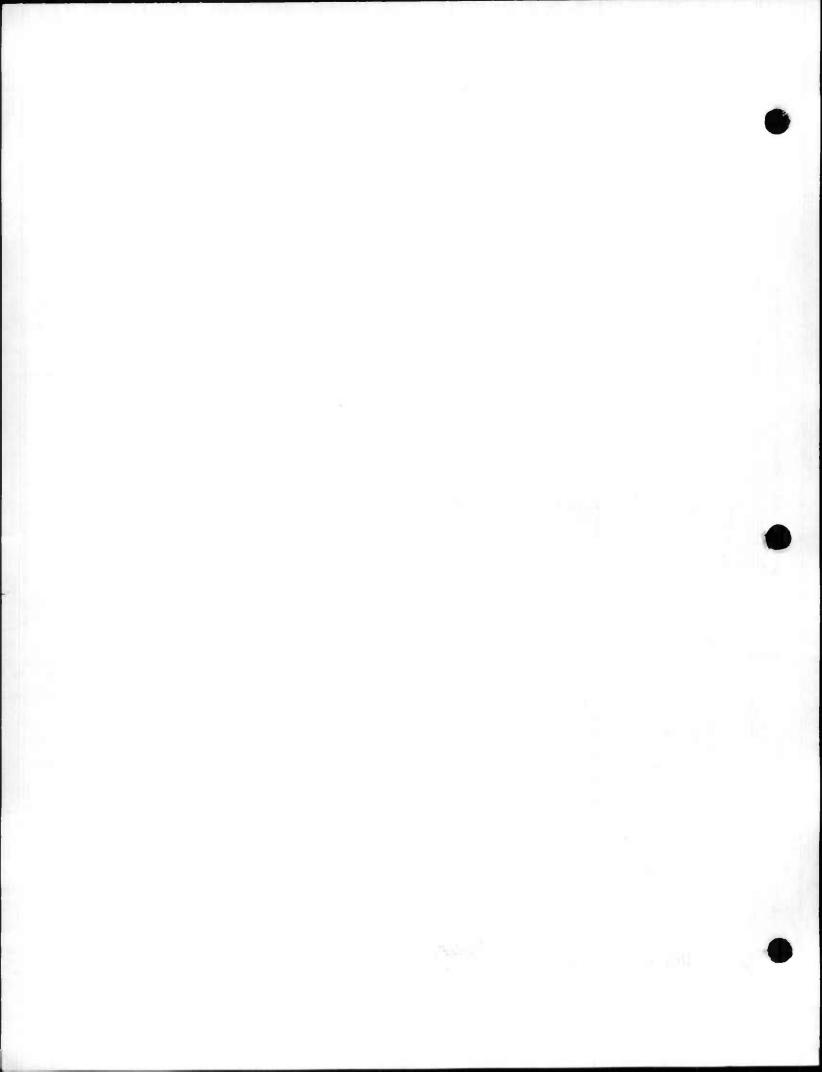
Julia Savidson-Rondell

THETHAN, A

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900 CATON AV. BAT. NO 21279



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w. M. 24 mours after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
BAL	in 24 nours after deal	ely filled in by the fun
DIVISION OF VITAL RECORDS, P.O. BOX 6875%	w requires that the death certificate be executed where	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
IVISION OF VITAL	R ATTENDING PHYSICIAN: The Ian	RECTOR: After this certificate has

PAYL OR ATTENDING PHYSICIAN: The is FIN. DIRECTOR, After this certificate has the cours after death with the State De If Item 28 is marked, or Item 2	YSICIAN: The law requires that the death certificate be executed when 22 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin state Dect. of Health and Mental Hyolene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SHALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	MEHAL DIRECTOR: After this certificate has been signed by the attending physician and prints after death with the State Dent. of Health and Mental Hydiene prior to bu	of it item 28 is marked, or item 23 shows any Injury, or other traumat

FOR STATE	STATE OF MARYL							
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) THOMAS E. J	rr. LLC		ICATE OF	DEATH	2. DATE OF DEATH MONTH	DAY	92 3.1	IME OF DEATH
4. SOCIAL SECURITY NUMBER 212-01-7178		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dily, Year)	1	10	CE (State or Foreign
9a. FACILITY NAME (If not Institution, give str ST JOSEPH RESIDENCE OF DECEDENT			9b. CITY, TOWN	OR LOCATION OF I		9c. COUNT	B A	Lto.
Maryland Balti	more	10c. CIT	Y, TOWN OR LOCA	TION CVille/C	27001			. INSIDE CITY LIMITS? YES 2 1 NO
100. STREET AND NUMBER 7617 Hillendale				r. zip code	arney	10g. CITIZE	N OF WHAT	- 1
11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR I	IN U.S. ARMED	If yes, s	CENDENT OF HISP	ANIC ORIGIN? (Specify can, Puarto Rican, etc.)	Yea or No — 1	Black, Wh	American Indian, lita, etc. White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		ost of working		BUSINESS/INDU		
17. FATHER'S NAME (First, Middle, Last)		Press	Operator		VUI	can Ha	rt	
Thomas Lloyd 19a, INFORMANT'S NAME (Type/Print)					l McIlvane	-		
Mr. Ronald M. S	chreiber	and the second sections			e Balto	7.00	1213	
20e. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	b. PLACE ANO OAT Leemetary cremator More Land	E OF DISPOSITION	(Name	OATE 20c.			
21. SIGNATURE OF FUNERAL SERVICE LICE * Freech Description:	ENSEE (3 mm	22. NAME A	nd address of the hn Fune:				
23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on		PIRATO	50		apiretory arres	st,	Approximata Interval Betwee Onset and Das
Sequantially list conditions, if any, leading to immediate	PNE	A CONSEQUENCE C						
causa. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS	A CONSEQUENCE C	PF):					
PART II. Other eignificant conditions CONSESTIVE				ng cause given i	PERI	AN AUTOPSY ORMED?	AWA COI DIF	RE AUTOPSY FINDING ILABLE PRIOR TO WPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF OEATH (Check only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	4 Nursing Hollies AE OF 28c. IN JURY	JURY AT ORK? YES 2 NO	a 8 Other (Specify) 28d. DE\$CRIBE HO	Other (Specify) Id. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecify)	street, factory, offi	CO CO	281. LOCATION (Stre City or Town, St	et and Number o	r Aural Route	Number,
and .	CIAN: To the best of my kno	wledga, death occur	red at the time, dat	e and place, and d	us to the cause(s) and	menner aa stated	d.	
2 MEDICAL EXAMINE	R: On the beals of exeminati	on and/or investigati	on, in my opinion,	death occured at ti	he time, data and place,	and due to the	cause(s) and	d menner as stated.

ST- JOSEPH

32. HEGISTRADES SIGNATURE

HOSPITAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FRANCIS T- KHOO ST- JOSE

JAN 16 1992

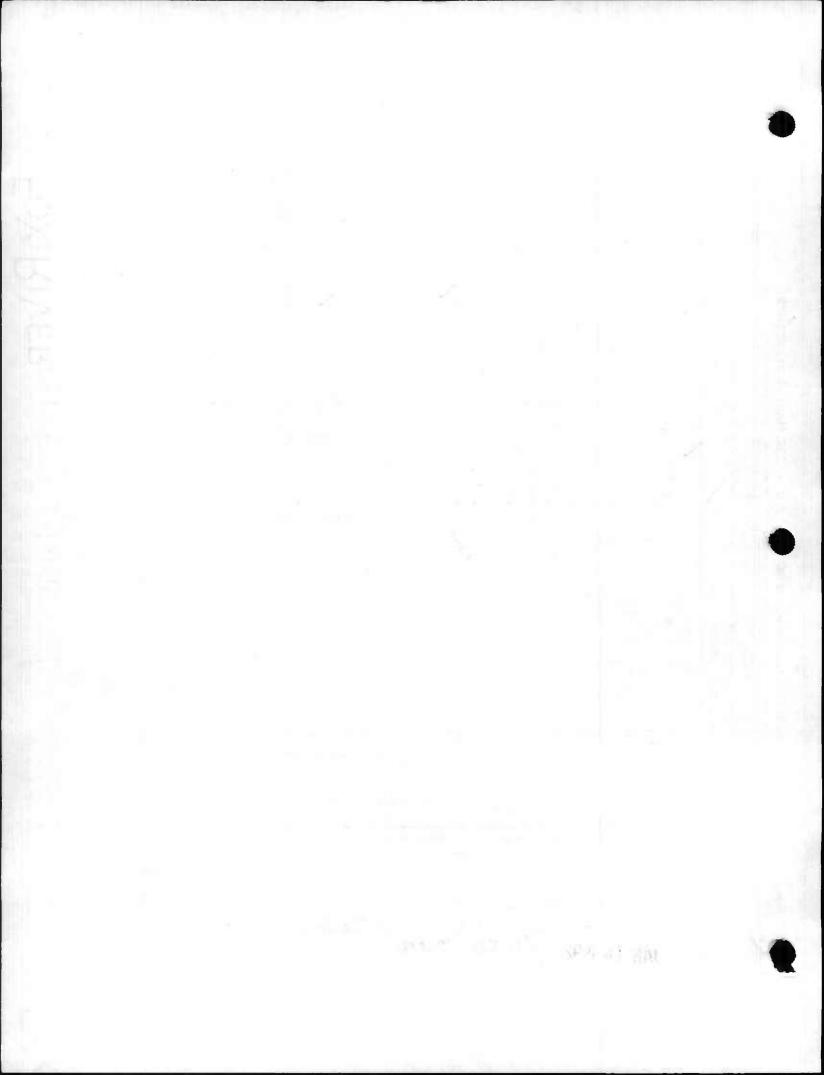
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLI	AND / DEPARTI CERTIFIC			MENTAL HYGIENE REG. NO.		. 00701
1. DECEDENT'S NAME (First, Middle, Last)	HILDEGARD	DENMEAD	LeVI	NESS	2. DATE OF DEATH DAY JAN. 13		
4. SOCIAL SECURITY NUMBER 216-30-1375	5. SEX 8. AGE (I	/	DNTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) NOV . 9 , 19	10 0	HATHPLACE (State or Foreign punitry) ARYLAND
9e. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN D	R LOCATION OF DE		9c. COUNTY C	
MERIDIAN L	ONG GREEN		ВА	LTIMOR	E, CITY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN DR LOCAT	ION			10d. INSIDE CITY
MD.			ВА	LTIMOR	E, CITY		LIMITS?
10e. STREET AND NUMBER			10f.	ZIP CODE			OF WHAT COUNTRY?
3600 GREENWA	Y 12. WAS DECEDENT EVER IN	AS ADMED	13 WAS DEC		218 IIC DRIGIN? (Specify Yes		U.S.A.
1 Never Merried 2 Merried Wildowed 4 Divorced	FDRCES? 1 YES	2 ND	If yes, sp		n, Puerto Rican, etc.)		Specify: WHITE
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	UCATION to completed) College (1-4 or 5+)	life. Do NOT use i	k done during mo:		166. KIND OF BUS	INESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last) GARNER W. I	ENMEAD				ME (First, Middle, Meiden : E VON KN		ł
19a, INFORMANT'S NAME (Type/Print) G . DENMEAD L	eVINESS	10.000000000000000000000000000000000000		nd Number or Rural DY PLAC	Route Number, City or Town		MD. 21210
20s. METHDD OF DISPDSITION Burlat 2 Cremation 3 Res 4 Donation 5 Other (Specify)		PLACE AND DATE COMMENTS OF THE PROPERTY OF THE				CATION — CHY O	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ID ADDRESS OF FA			ROAD 21212
William R	· lava III		HENR	Y W. J	ENKINS AN	D SON	S. BALTO, MD
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (DR AS A	CONSEQUENCE OF):	ny for	bur A			interval Between Onset and Death (Wck)
resulting in death) LAST	d						
PART II. Other aignificant condition	ona contributing to deeth b	ut not resulting in	the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED DO MEDICAL EXAMINER? 1 YES 2 JANO	HOSPITAL:		отным:	ACE OF DEATH (C	6 Other (Specify)	-	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	;D
3 Suicide 6 Could not be determined	26s. PLACE DF INJURY building, etc. (Spec		est, factory, offic	•	261, LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
one) MEDICAL EXAMIN	SICIAN: To the best of my know NER: On the basis of examination						use(a) and menner as stated.
29b. SIGNATURE AND STILL OF GERTLE	ec M	-0	N-0	29c. LICENSE NU	MBER 2789	DAN JAN	. 14,1992
30. NAME AND ADDRESS OF PERSON W STUART B. B 31. DATE PILED (Month, Day, Year)	ELL M.D. 32 REGISTRAR'S SIGN	350		AUL ST	REET. BAI	TIMOR	E,MD. 21218
JAN 16 1992	Julia Davidson	- Aandelle					





permit. Pages 1, 2, 3 should

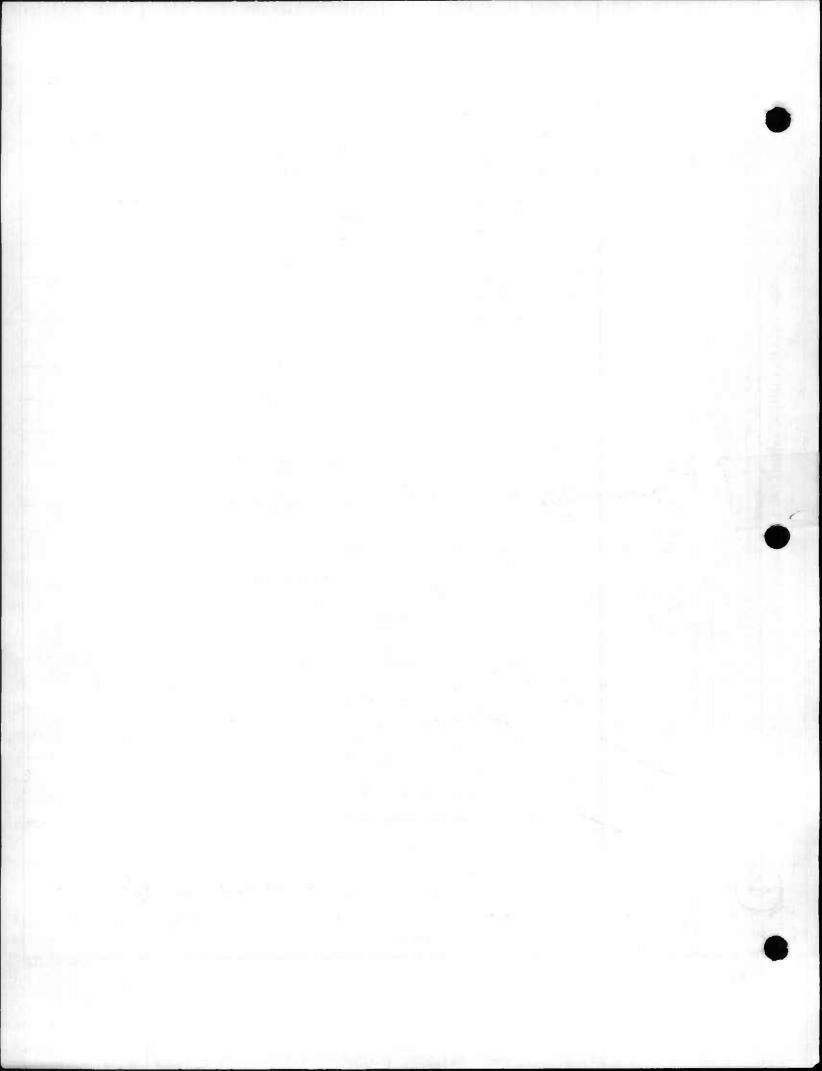
TO BE COMPLETED BY FUNERAL DIRECTOR

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Dellipid	MITTER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

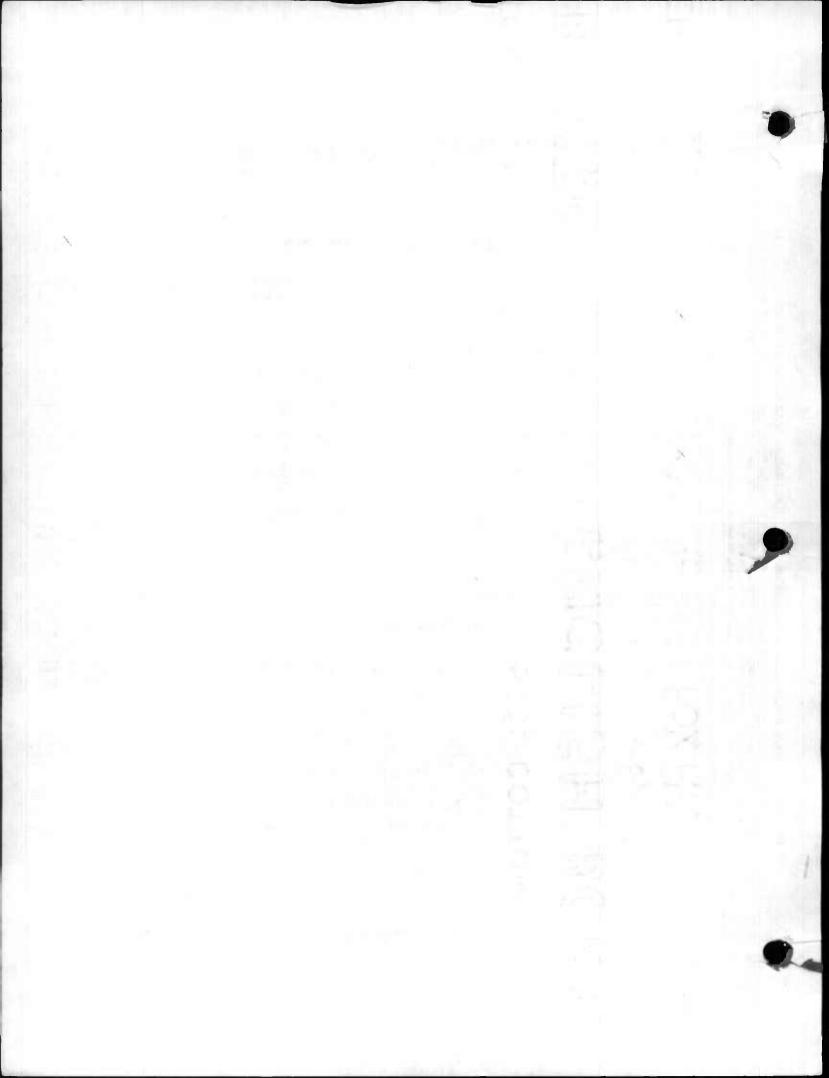
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR STATE REGISTRAR	STATE OF MARYI		ENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	26.	00782
1. DECEDENT'S NAME (First, Middle, Las	st)			2. DATE OF DEATH		3. TIME OF DEATH
ROENA	E.	LAN	CASTER	O1 14	92	5:30 AM M
4. SOCIAL SECURITY NUMBER			ANDER 1 YEAR OF UNDER 24 HE	Mariat Con Maria	8. BIRTH Country	PLACE (State or Foreign
220 18 5313	1 M 2 X F	89 YRS.	THIS DAYS HOURS WITH	8/10/1902		ryland
9a. FACILITY NAME (If not institution, gli	re alrest and number)	9b.	CITY, TOWN OR LOCATION O	F DEATH	9c. COUNTY OF DE	EATH
NORTH ARUNDEL H		12 WK (7-12-	GLEN BURNIE		A.A.	COUNTY
			WN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland Ar	nne Arundel	Gien	Burnie			1 YES 2 NO
7575 E Howard	Poad		21061		10g. CITIZEN OF W	THAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		SPANIC ORIGIN? (Specify Yes	U.S.A.	- American fadien
1 Never Married 2 Merried 3 Wildowed 4 X Divorced	FORCES? 1 YES	2 X NO	If yes, specify Cuben, Me 1 ☐ YES 2 NO Sc	xicen, Puerlo Rican, etc.)	Black	- American Indian, , White, atc. by: White
15. DECEDENT'S E (Specify only highest on	DUCATION	16a. DECEDENT'S USU		16b. KIND OF BUSI	INESS/INDUSTRY	WIIICE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	done during most of working red.)			
8th Grade		Janitori	al Work	McCorm	ick	
17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maiden S	Surname)	
	Arthur Framp	oton	Lo	la Lister		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street end Number or Re	ral Route Number, City or Town,	, State, Zip Code)	
Joseph Lancaste	er Sr.	316 We	st Riverview	Road Balt	imore, M	aryland 212
20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ R		b. PLACE AND DATE OF DIS metery, crematory or other p		DATE 20c. LOC	ATION — City or To	wn, State
4 Donation 5 Other (Specify)	G		Memorial Parl	c 1-17 Gle	n Burnie	, Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1.	COOPERS OF	once Funeral		
Honna M	Bramero	whi	4001 Ritchi	e Hwy. Balti	HOME P.	A.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	rh T Dorfer	tim		Interval Between Onset and Death
PART II. Other significant condit	lons contributing to death a greation the island		e underlying ceusa giver	PERFORM	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLACE OF OEATH HER:	(Check only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA 4 C	Nursing Home 5 - Reelder	ce 8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCUREO	
3 Suicide 8 Could not I determined	building, etc. (Son	Y — At home, farm, street ecify)	, factory, office	281. LOCATION (Street or City or Town, State)	nd Number or Rural R	oute Number,
	IYSICIAN: To the best of my know					and menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	Trubete	o, m	29c. LICENSE	NUMBER 6 208	29d. DATE SIGNED	(Month, Day, Year) 5/92
JOSE M. PRESBIT	ERO, M.D./784	5 OAKWOOD	ROAD, #100/G	LEN BURNIE, N	MARYLAND	21061
JAN 1 1992	32. REGISTRAR'S SIGN	NATURE				



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cov. In Willed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	remai on, or removal.	my injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremai on, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ŀ	FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF		MENTA	L HYGIENE	E	00/83		
	1. DECEDENT'S NAME (First, Middle, Last)	elbowitz	MOLLYE (KAUFMAN) LEIBOWITZ						3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2/3-28-/907 9e. FACILITY NAME (If not Institution, give str	1 🗆 M 2 💢 F 9	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mont)	OF BIRTH th, Day, Year) -/2-0		BIRTHPLACE (State or Foreign Country) Mary and OF DEATH		
DIRECTOR	LEVINGALE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10d. INSIDE CITY								
	MARYLAND 100. STREET AND NUMBER	BALTIMORE	loc. Gir		ALTIMORE			1 YES 2 NO			
COMPLETED BY FUNERAL	11 SLADE AVE., A	12. WAS DECEDENT EVER IN U.S	S. ARMED		208 ANIC ORIGIN	N? (Specify Yes Rican, atc.)	US or No.— 14.	RACE — American Indian, Black, White, etc.			
	3 Nidowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES	DECEDENT'S	1 USUAL OCCUPA	ES 2 ND Spec	clfy:		Specify: WHITE			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of ville. Do NOT us		AT HOME						
BE CO	17. FATHER'S NAME (First, Middle, Lest) PHILLIP KAUE	FMAN	1		16. MOTHER'S N		LEAH	ABRAH	ABRAHAMS		
2	MRS. LESLYE G. I		402	UPLAND		TIMOR	E,MD	21208			
	206. METHOD OF DISPOSITION 1										
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): Approximate interval Between Onset and Death Approximate interval Between Onset and Death										
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE OF):										
ا پ	PART II. Other significent conditions	se contributing to death but r	not resulting	In the underly	ing cause given i	In Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICA							1 □ YES Ž	NO NO	OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Check only o	ine)				
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpatier			Iome 5 Residence	_					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1 [INJURY AT WORK? YES 2 NO				URY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY — A building, etc. (Specify)	01			City	y or Town, State)		Rural Route Number,		
COMPLETED	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge: R: Dn the besie of examination en	nd/or Investigation	ion, in my opinior							
TO BE	29b. SIGNATURE AND TITLE DF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		HOIN		290. LICENSE N				IGNEO (Month, Day, Year)		
-		O COMPLETED CAUSE OF DEATH		D. Print) SE RE A'	I HTW	JAR	IMORE	E. MD.	. 21215		
	31. DATE FILED (Month, Day, Year)	6 1992		Back	,			•			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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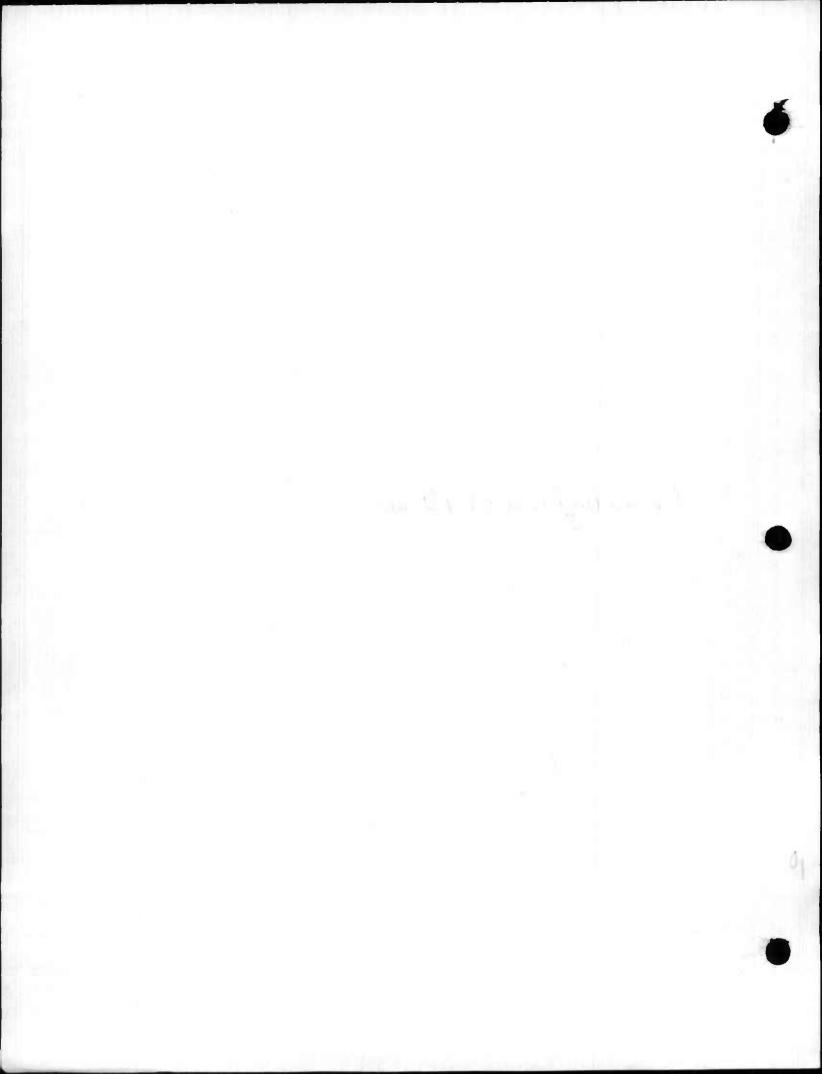
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	i. NO.	a THE OF SECTION			
1	Share 9	n. mills			MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (24 HRS. 7. DATE OF BIR	TH 8. E	BIRTHPLACE (State or Fore					
	214-56-8577	1 M 2 F 4	YRS.	ONTHS DAYS HOURS	MIN. (Month, Day,	-51 K	3 Allo. Sm			
_	9e. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN OR LOCAT	ION OF DEATH	9c. COUNTY	OF DEATH			
СТОВ	UNION MEMORIAL HO	SPITAL		BALTIMORE C	TTY					
E C	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
DIRE	Maryland		131	Allimore	2)		1 PYES 2 N			
PAL	10a. STREET AND NUMBER	+ 1	-10	101. ZIP COD	E	10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIIS ARMED	do	OF HISPANIC ORIGIN? (Spec	G /	S//4"			
	1 Mover Merried 2 Merried	FORCES? 1 YES	2 NO	If yee, specify Cub	en, Mexicen, Puerto Ricen, e		RACE — American Indian Black, White, etc. Specify:			
BY BY	3 Wildowed 4 Divorced									
ETED	15. DECEDENT'S EOI (Specify only highest grad		(Give kind of wo	k done during most of work		OF BUSINESS/INDUST	TRY (/			
PLE	Elementary/Secondery (0-12)	College (1-4 or 5+)	110Pm	placed						
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
111	Elmen MILIS Byedie Jenkins									
10 B	19e. INFORMANT'S/NAME (Type/Print)	11	19b. MAILING A	OPHESS (Street and Number	r or Rural Route Number, City	or Town, State, Zip Coo	de) (
TO BE	Mrs. WIAMSCUI	A CAIN	11111	ark Ave	. Apt 206	BA/De	Md.2120			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rer		PLACE AND DATE OF	DISPOSITION (Nema un	D & DATE	Oc. LOCATION — City	or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	naryian	22. NAME AND ADDRI	THE OF FARM ITY	Murci	11100			
		1 0.		Joseph	. Russ F	INCHAI	Home			
	Hoseen.	to RUSS		2222 4	1. North	HUE, DA	110 Md. 213			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart feiture. List only one ceuse on each line.									
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z	IMMEDIATE CAUSE (Final disases or condition	DUE TO (OR AS A	CONSEQUENCE OF):							
	IMMEDIATE CAUSE (Final disases or condition	DUE TO (OR AS A ENDOCAT	CONSEQUENCE OF):							
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disaeea or condition resulting in death) Sequantially liet conditione, if eny, leading to immediata ceuse. Entar UNDERLYING CAUSE (Diseese or injury that initiated aventa resulting in daeth) LAST PART II. Other algnificant conditions are suiting in daeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 102 27. MANNER OF DEATH 1 Natural 5 Pending Investigation and investigation are suiting investigation and determined	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Macontributing to death b DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in At home, ferm, str	28. PLACE OF 1 DTHER: Nursing Home 5 P Nursing Home 5 P RY WORK? 1 YES 2	DEATH (Check only one) cesidence 8 Other (Spec 28d. DESCRIBE NO 28f. LOCATION City or Town	PYES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO OF DEATH? 1 YES N			
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disaeea or condition resulting in death) Sequentially liet conditione, if eny, leading to immediata ceuse. Entar UNDERLYING CAUSE (Diseese or injury that initiated aventa resulting in daeth) LAST PART II. Other algnificant conditions are suiting in daeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation and Suicide 6 Could not be determined 199. CERTIFIER (Check only 10 CERTIFING Physics)	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Ma contributing to death b DUE TO (OR AS A DUE	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	28. PLACE OF 1 DTHER: Nursing Home 5 P Nursing Home 5 P 28c, INJURY AT WORK? 1 YES 2 eet, factory, office	DEATH (Check only one) sesidence 8 Other (Spec 28d. DESCRIBE NO 28f. LOCATION City or Town	YES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINANAILABLE PRIOR TO OF DEATH? 1 YES N			
PLETED BY PHYSICIAN: MEDICAL CE	iMMEDIATE CAUSE (Final disaeea or condition resulting in death) Sequentially liet conditione, if eny, leading to immediata ceuse. Entar UNDERLYING CAUSE (Diseese or injury that initiated aventa resulting in daeth) LAST PART II. Other algnificant conditions are suiting in daeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation and Suicide 6 Could not be determined 199. CERTIFIER (Check only 10 CERTIFING Physics)	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. HOSPITAL: DUE TO (OR AS A DU	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	28. PLACE OF 1 DTHER: Nursing Home 5 P Nursing Home 5 P 28c, INJURY AT WORK? 1 YES 2 eet, factory, office	DEATH (Check only one) sesidence 8 Other (Spec 28d. DESCRIBE NO 28f. LOCATION City or Town	YES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES N			

Hornits.



	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	FICATE	OF H	DEAT	AND MEN	TAL HYGIE REG. N		- U	0103	
	1. DECEDENT'S NAME (First, Middle, Last DAVID MACGREGO						M	ATE OF DEATH	DAY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		IF UNDER	1 VEAR	IF UNDER		ANUARY ATE OF BIRTH			3:45p		
-	213-05-3588	1 K M 2 F	75 YRS.	MONTHS	DAYS	HOURS	MIN. (A	Aonth, Day, Year)		Country)	yland	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN C	R LOCATIO	ON OF DEATH	pt.18		Y OF DEATH		
OR	THE JOHNS HOPK	INS HOSPITAL		BAL	TIMO	RE			BALT	IMORE	CITY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C											
DIR	Md.	ore	Dundalk							LIMITS?		
ERAL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN OF			COUNTRY?	
E	3106 yorkwa	У					2122	22		USA		
BY FUN	1t. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	R IN U.S. ARMED ES 2 NO I DATES	1	If yea, spe	ENDENT O	F HISPANIC OR n, Mexicen, Pue	IGIN? (Specify)	fea or No 1	4. RACE — A Black, Wh Specify:			
ED	15. DECEDENT'S ED	UCATION	16- DECEDENT	LIEUM O	OCH BATH					Whi	ite	
	(Specify only highest grad Elementary/Secondary (0-12)				work done during most of working			166. KIND OF BUSINESS/INOUSTRY				
COMPL								Sun Life Insu			ırance	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAME (FI	rst, Middle, Maide	on Surname)				
BE	David Mac 19a. INFORMANT'S NAME (Type/Print)	cGregor					Matil		Rap			
2		19b. MAILING AODRESS (Street and Number or Rural Route Number, City										
	Phyllis MacG:		0b. PLACE AND DATE	06 Y				imore		yland		
	1 Burial 2 Cremation 3 Res	noval from Stata	emetery, crematory or o	other place)					ocation — ci ssvil			
	4 Donation 8 Other (Specify) GardensofFaith 1/17/92 Ro										1.	
	ConnellyFuneralHome300MAveAve											
	23. PART I. Enter the disesses, or	complications that cause	ed the death. Do									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respirate shock, or heart taliurs. List only one cause on each line. IMMEDIATE CAUSE (Fine)									и,	Approximat interval Bet Onsat and I	
	disesse or condition										2HR	
	DUE TO (OR AS CONSEQUENCE OF):										34.17.14	
Sequentially list conditions, To Rento Cardiopulmons By pass / unable for war a fa											mba pg	
FA	If any, leading to immediate ceuse. Enter UNDERLYING										,0	
프	CAUSE (Disesse or Injury that initiated events	DUE TO TOR AS	A DOMESTICE O	m:	-4	Corr	A M	8	186984	- 1	6 MJA	
ERTIFICATION	resulting in death) LAST	a total										
O	PART ii. Other significant condition	ne contributing to death	but not resulting	in the un	darlulas		han in Dan I	T		1		
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in								N AUTOPSY DRMED?	AVAR	E AUTOPSY FIN LABLE PRIOR TO	
MEDI	the state of the s	prilation						1 U YES 2 TONO		OF C	PLETION DF CA DEATH?	
									(1 "	YES 2 N	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	ATH (Check onl	y one)				
š	1 NYES 2 NO	HOSPITAL: 1 Impatient 2 ER/O	utpatient 3 DOA	OTHER		5 🗆 Rei	sidence 8 🗆 C	Rher (Specify)				
표	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year		AE OF JURY	28c. INJU	JRY AT	28d.	DESCRIBE HOW	INJURY OCCU	RED		
B	2 Accident Investigation	2/13/91		M		ES 2 _	NO					
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)								t and Number or e)	Rural Route I	Number,	
	29a. CERTIFIER	- 1										
COMPL	(Check only one) 2 MEDICAL EXAMIN	IICIAN: To the best of my kno	owledge, death occurr	red at the ti	me, date	end placa,	and due to the	cause(a) and m	enner as atsted			
	29b. SIGNATURE AND THUE OF CERTIFIE	ER: On the beala of axeminat	non and/or investigate	on, in my o	pinion, de			lata and place, a				
BE	AND THE OF CENTIFIE	X	MO			29c. LICE	NSE NUMBER		29d, DATE 5	IGNED (Mont	Ih, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)						113/4-	2	
	C.D. 5	Toru -	726	1. 5	110	ale	1	loen.	£ / (Cardi	i, ()	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE	1	D.J.	80	ivij 1	, , , , ,	7/	CHICI	1 30	
		N 16 1992	June 1514	4401/-	John T	A TON		-				

DHUH 16 Day 1/0

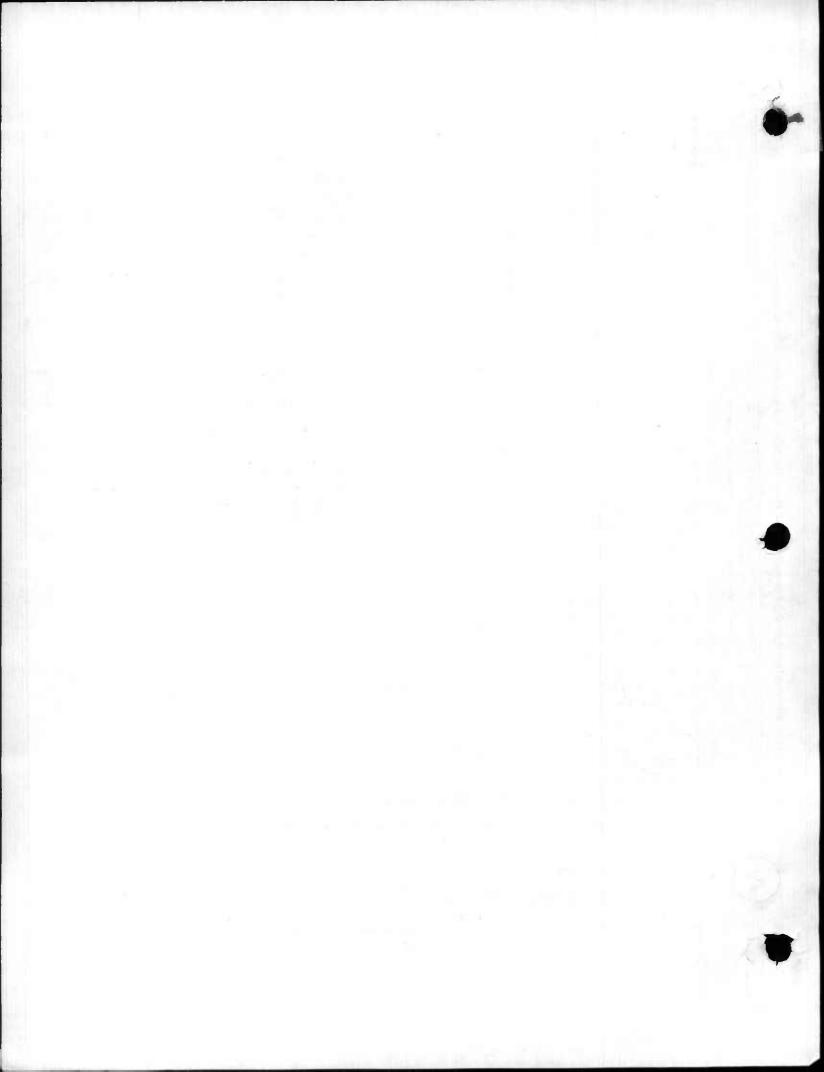


TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within strong after death. Page 6 may be retained by the hos	FEAL DIRECTOR: After this certificate has been signed by the attending physician and completely hiled in by the funeral director, page 5 should be detach		IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SINC	.00	of re	Den
C	hiled	In 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	he n
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1,000	-	-37	-

31. DATE FILED (Month, Day, Year) JAN 1 0 1992

39. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

	FOR	CTATE OF MADY	LAND (DEDAM				52	10/86			
	1 - STATE REGISTRAR	STATE OF MARY		CATE OF		ENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			0.112 01		2. DATE OF DEATH		3. TIME OF DEATH			
	Sr. Mary Do	rothy McCono	my, RGS			January	n 194	1:15 P			
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	178-42-5789	178-42-5789 1 M 2 X F 87 YRS. MONTHS D FACILITY NAME (If not institution, give street and number) 9b. CITY, TO			HOURS MIN.	(Month, Day, Year) 1/05/05		Country) Phila PA			
OR	St. Agnes Hospi			96. CITY, TOWN OF Balti	nore	гн	9c. COUNTY	OF DEATH			
5	RESIDENCE OF DECEDENT										
DIRECTOR		ltimore	10c. CITY,	Haleth			10d. IN				
AL	10e. STREET AND NUMBER			101.	IP COOE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	4100 Maple				21227			U.S.			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XINO	II yes, spec	ify Cuben, Mexican,	ORIGIN? (Specify Yar Puarto Rican, etc.)	o or No 14.	. RACE — American Indian, Black, White, atc.			
) BY	3 Widowed 4 Divorced		DATES 41	1 U YES 2	NO Specify:			Specify: White			
TE	ts. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S U	ork done during most		16b. KIND OF BU	SINESS/INOUS	TRY			
PLE	Elementary/Secondery (0-12)	College (1-4 or 5+)	Cath	olic Nun		Conv	ent				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Odelli		18. MOTHER'S NAME	(First, Middle, Maiden					
BE C	Michael McCo	nomy				Caffert					
OB	19a. INFORMANT'S NAME (Type/Print)	W	19b. MAILING	ADDRESS (Street and		ite Number, City or Tow		de)			
F	Sr. Regina Long 4100 Maple Ave., Baltimore, MD 21227										
	20c. METHOD OF DISPOSITION CXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory profiler glace) New Catnedral Cem. DATE 20c. LOCATION — City or Town, State Removal from State ADD Baltimore, MD										
	21. SIGNATURE OF UNERAL SERVICE LICENSIES 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home, P.A.										
	4001 Ritchie Hgwy., Baltimore.MD 21225										
	23. PART I. Enter the diseases, or compositions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Let only one cause on each line. Approximate interval										
	immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence or): Due to (or as a consequence or):										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, DIE TO OR AS A CONSTRUCTION OF THE TOTAL ASSESSMENT OF THE TOTAL ASSESSM										
CAT	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
SER	d										
- I	PART II. Other significant condition	na contributing to death	but not resulting in	the underlying	ause given in Pa			24b. WERE AUTOPSY FINDINGS			
5	Peripher	Vascular	disease	,		PERFOR	A Transmission	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC	Paramoid Asuchocci										
PHYSICIAN: MEDICAL	1 YES 2 NO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000117			E OF OEATH (Check	only one)					
YSI	1 TYES 2 THO	t Inpatient 2 1 SH/Out		OTHER: Nursing Home	5 - Realdence 6	Other (Specify)					
	27. MANNER OF DEATH 1 'Matural 5 Pending	26a. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJUI	RY WORK		8d. DEŞCRIBE HOW I	NJURY OCCUR	ED			
ВУ	2 Accident Investigation	20. 21.02 27 11.11	Y — At home, farm, str		2 NO						
TED	3 Suicide 8 Could not be detarmined	8f. LOCATION (Street a City or Town, State)	M. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
J.E	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated.										
COMPLETED	2 MEDICAL EXAMINE	R: On the beals of axamination	on and/or investigation,	In my opinion, dear	h occured at the tim	the cause(a) and man	ner as atated. d dua to the ca	suse(e) end manner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIE	//		2	9c. LICENSE NUMBE	R	29d. DATE SH	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	DING / Fry	XIAN D	30631		Ja	n. 11,1992			
	A. Alan Reisi	nger, M.D.	5411	01d Fre	derick	Rd.,Bal	timor	e,MD 21229			
- 1	3t DATE FILED (Month One Year)										



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mo 82 REGISTRAN'S SIGNATURE LABOR

EARL H MURPHY SR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 X M 2 | F 69 HOURS 215 12 7070 YRS. should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 THE UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Glen Burnie permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE for use as the burial-transit 1463 Gordon Drive 21061 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cubsn, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Wildowed 4 Divorced World War ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Spe during most of working (Give kind of work done title. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 12th Grade Manager once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be Ħ Charles C. Murphy Elfrida Denhardt BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Norma Murphy 1463 Gordon Drive Page 6 may be be 20e. METHOD OF OISPOSITION

1 Burlel 2 Cremation 3 Removal from State

4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must funeral director, Glen Haven Memorial Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY urs after death. George J. Gonce Funeral Home P.A. Kukar removal. 4001 Ritchie Hwy. Baltimore, Md. medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by ahock, or haart failura. List only ona cause on each lina. 8 filled IMMEDIATE CAUSE (Final to burial, cremation, the disaasa or condition completely Act D Ansugar - Exercisation heptur be executed within event, resulting in death) QUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ental Hygiene prior to other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST 0 been signed by the attern. of Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL any Oa Shows perious 9 PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State certificate HOSPITAL:

1 Impellant 2 ER/Outpellent 3 DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? with marked, this 5 Pending Investigation 1 Natural M BY 1 YES 2 NO death After 2 Accident OR ATTENDING 3 Sulcide 26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) S COMPLETED 8 Could not be DIRECTOR: after Item 28 4 Homicide hours 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

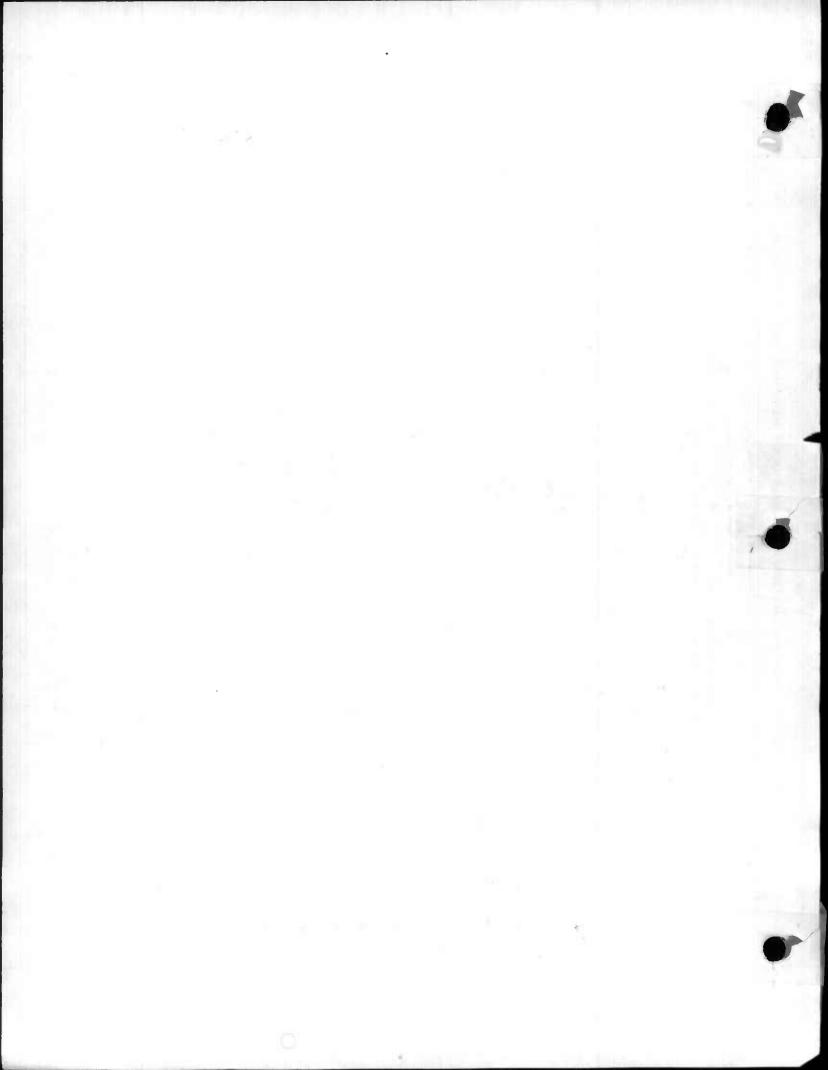
CERTIFICATE OF DEATH

29c. LICENSE NUMBER

Union Memore Olfor 201E Van Phay Balf mg 2/2/8

92 00787 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH DAYQ PM 152 7. DATE OF BIRTH (Month, Day, Year) 1/21/1922 8. BIRTHPLACE (State or Foreign Maryland Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 - YES 2 1 NO 10s. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify. White 16b. KIND OF BUSINESS/INDUSTRY Tavern Glen Burnie, Maryland 21061 20c. LOCATION - City or Town, Stata Glen Burnie, Maryland 21225 Approximate Onaat and Daath 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 AND 26d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as attend.

29d. OATE SIGNED (Month, Day, Year) 19 9



	FOR	STATE OF M		{		19/5	N Ph S	BEC	KEF	N ANT	NER	920	00789	
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAT	E OF	DEAT	AND TH	213,0	REG. NO		13	. TIME OF DEATH	
	MARY	MAC	141	ID					JAN 13 1993 104					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthde							. 7. DATE OF BIRTH			8. BIRTHPL	ACE (State or Foreign	
	219-30-5237	1 M 2 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.		/14/1	899	Country)	ARYLAND	
œ	9a. FACILITY NAME (If not institution, give str			9b. Cf1	TY, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF DEA	тн		
5	SINAI HOSPITAL				BAL	TIMO	RE							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCA	TION				Dd. INSIDE CITY				
	MARYLAND				E	BALTI	MORE					75	LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODI	E			10g. CIT	IZEN OF WHA	AT COUNTRY?	
N.	3601 FORDS LA.,			2121					-			USA		
BY FU	1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES 2	NO If yes, specify Cuban, Mexico				n, Mexica	n. Puarto	N? (Specify Ye Rican, etc.)	s or No—		RACE — American Indian, Black, White, etc. SpecWHITE	
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. D	ECEDENT'S	USUAL	OCCUPATION	DN		168	. KIND OF BU	JSINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 60	Give kind of a le. Do NOT us	se retired.)	st of workin	g						
MP		1		BOO	KKEE	SPER				IMPER:	IAL FI	URNIT	JRE CO.	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Sun					rname)		
BE	JOSEPH HTRSCH 19a. INFORMANT'S NAME (Type/Print)	OWITZ			REBECCA CAPI. JLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig.									
5		TOV												
	MRS Devera RESNICK 7420 ROCKRIDGE RD BALTIMORE MD 21208 20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
	X Gunsi 2 Cremetion 3 Nemoval from Stata cemetery, cremetory or other place)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										MD			
	I Glensue Levinson SOL LEVINSON & BROS., INC.													
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as sardiag or complications that caused the death. Do not enter the mode of dying such as sardiag or complications are considered.													
	iMMEDIATE CAUSE (Fine)	RATORY FAILUR						661,	Intervel Between Onset and Death					
	DUE TO (OR AS A CONSEQUENCE OF): MYOCAR DIAL INFARCTION AHF													
Z	Sequentially list conditions, b.	MAC	CAR	DIA	_	11	IFA	RC	714	on,	1.H	F	!	
ERTIFICATION	If any, leeding to immediate													
SE	CAUSE (Disease or Injury C. DUF TO (OR AS A CONSCOURAGE OF)													
F	reaulting in death) LAST	that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
2	0.													
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to d	leath but not	resulting i	n the u	nderiying	ceuse g	iven in	Part i.	24a. WAS AN PERFO		RE AUTOPSY FINDINGS		
ğ	- 6/27								_	1 TES		CO	MPLETION OF CAUSE DEATH?	
Z					_							1 [YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL													
딩 딩	EXAMINER?	HOSPITAL:			OTHE	A:	ACE OF DE							
H	27. MANNER OF DEATH	28a. DATE OF II		28b. TIME		28c. INJ	ome 5 Residence 6 Other (Spe				Specify) IBE HOW INJURY OCCURED			
ВУ Р	1 Natural 5 Pending	(Month, Day	(Year)	INJ	URY	WO	RK?	NO	200. DES	CHIBE HOW	MJUHT OCC	OHED		
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOC	ATION (Street	and Number	or Rural Route	Number,	
ETE	4 Homicide determined	sonung, et	(apacity)						City	or Town, State)				
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
NO.	one) 2 MEDICAL EXAMINER	On the beels of exe	minstion and/or	Investigation	n, in my	opinion, de	eth occure	d at the	time, data	end placa, ar	d dua to the	a cause(a) an	d manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	9			29c. LICENSE NUMBE						29d. DATE	SIGNED (Mo	onth, Day, Year)	
0	TO NAME ADDRESS OF STREET	4								1/13/92				

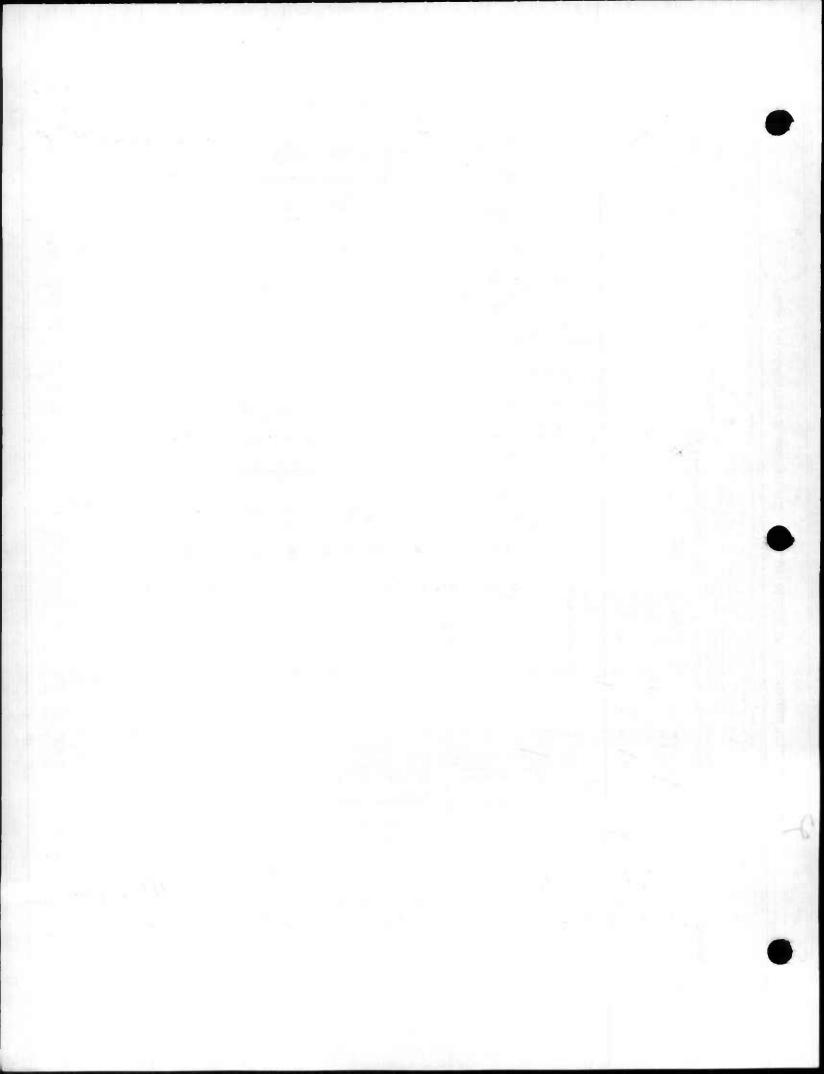
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physican and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DÍVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DESERVEMA SINAI HOSPITAL, BALTIMONE

32. REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral director.	be filed within 72 hours after death with the state behit, of reach and mental hydrox prior to contact, or remove, or them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

92 00789 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGIOTHAN		-		J/ 1.1 L	01	D = 7 (1	•••	110	3.110.		
1. DECEDENT'S NAME (First, Middle, Last)	MOSES	ESTH	ER (E	VELY	N)	MOSES	S	2. DATE OF DE	DAY	92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-38-6774	5. SEX 6. /	NGE (in yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day, 11/4/	Year)	8. BIRT Coun	HPLACE (State or Foreign try) MARYLAND
		OT.		01 01714 7			05.05			WEY OF	
90. FACILITY NAME (If not institution, give UNION MEMORIAI				96. CITY, T	OWN	R LOCATIO		IMORE	9c. COI	JNTY OF I	DEATH
RESIDENCE OF DECEDENT									-	**	
MARYLAND 10b. COUNT	Υ		10c. CITY,	TOWN OR BAL		IORE					10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE			10g. CF	TIZEN OF	WHAT COUNTRY?
110 W. 39th ST.,	APT. 816						212	10		US	
11. MARITAL STATUS 1 Never Married 2 Merried 3.1 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2		H t	yes, spi		n, Mexicar	IIC ORIGIN? (Spe n, Puerto Rican, (':		14. RAC Blac Spe	E — American Indian, ck, White, atc. city: WHITE
15. DECEDENT'S ED	JCATION	16a, DE	CEDENT'S U	SUAL OCC	UPATIO	ON of working		16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ive kind of wo Do NOT use	retired.)	inng mo	et or workin	g				
12			F	OUSE	WIF	E:			AT HO	ME	
17, FATHER'S NAME (First, Middle, Last)			•	.0000			HER'S NA	ME (First, Middle,	Malden Surname)		
MEYER ALLEN										١	
		11.00				-4.11 - 1			JNKNOWN_	-	
19e. INFORMANT'S NAME (Type/Pajnt)		191							y or Town, State, 2		
MISS MARGO GOI	DMAN		106	W. L	EE	ST.	BAL	TIMORE,	MD 2]	L201	
20e. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Rea 4 Donation 6 Other (Specify)	noval from State	20b. PLACE of cemetary BETH	crematory of	or bispos or other pla OH	SITION ICE)		/15/		20c. LOCATION - BALT		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /					ND ADDRES				11.010	31 .10
· Ellense	e Leve	no	0~						S., INC.		, MD 21215
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. PO	AS A CONSE	1		ca	e ma	pu	lungue	ay h.	SEA L	0.
resulting in death) LAST PART II. Other significant condition	d	eth but not	resuiting ir	n the und	derivin	a cause (alven in	Part I. 24s.	WAS AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDING
							20,000		YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
					20 5	100.00.0	E 1711 (O)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LAUE UF D	EATH (Ch	eck only one)			
1 TES 2 NO	1 Inpetient 2 E		3 🗆 DOA	4 🗆 Nursi	ing Hon		ealdence	6 Other (Spe			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJ (Month, Day,		28b. TIME INJU	OF URY M	W	JURY AT ORK? YES 2 [□ NO	28d. DEŞCRIBI	E HOW INJURY O	CCURED	
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	26e, PLACE OF II	NJURY — At h	ome, ferm, at	treet, facto	ery, offic	00		261. LOCATION City or Tow	(Street end Numb m, State)	ber or Rura	I Route Number,
(Check only	SICIAN: To the best of my										e(e) end manner ee stated
29b. SIGNATURE AND TITLE OF CERTIF	100	A				29c. LIC	ENSE NU	MBER 0119	29d. D.	ATE SIGNI	ED (Month/Day, Year)
30. NAME AND ADDRESS OF PERSON W	VI STER	OF DEATH (ITE	EM 27) (Type,	ACK	CE	KA	WE	; BA	TIM	ORE	PAUL
31. DATE FII	6 1992 PEGISTRAR'S	aldn/		The same of the sa	P						

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1. DECEDENT'S NAME (FI		NOEL					2. DATE MONTH	OF DEATH DAY		YEAR 3. TIME OF
	4. SOCIAL SECURITY NU 214-22-	813-0	1 M 2 🗆 F	8. AGE (In yrs. less	YRS. WONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE (Month	OF BIRTH J. Day; Year)	-	BIRTHPLACE (State Country)
TOR	9a. FACILITY NAME (IF NOT SINA) RESIDENCE OF DE	HOSI	The state of the s	BALTI		EITY, TOWN	OR LOCATION OF	OEATH		9c. COUNT	TY OF DEATH
DIRECTOR	10a. STATE	10b, COUN	īΥ		10c. CITY, TOW	.)	TION				10d. INSIDE LIMITS? 1 X YES 2
FUNERAL	100. STREET AND NUMBER 5309		eville 1	Are		10	1, ZIP CODE 2/2	07		10g. CITIZE	EN OF WHAT COUNTS
BY	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Di		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS	YES 2 DE	MED IO	If yes, sp	CENDENT OF HISP Hecity Cuban, Maxi 2 0 NO Spec	can, Puerto R	? (Specify Yes o	or No 1	4. RACE — American Black, White, stc. Specify: Bks
PLETED	15. DE (Specify of Elementary/Secondary		UCATION le completed) College (1-4 or 5+)	(Gh	CEDENT'S USUAL ve kind of work do Do NOT use retired	ne during mo d.)	on ost of working Repairm		KIND OF BUSI		
E COMPI	17. FATHER'S NAME (First, Ado on u.	Middle, Last)	pel		Superv	15.61	16. MOTHER'S H	IAME (First, M	liddle, Malden Si	umame)	
TO BI	19a. INFORMANT'S NAME EHREP	NOel	1	196	MAILING ADDRI	ESS (Street of	and Number or Run	/1	/ 1	State, Zip C	(ode) 4d 212
	20e. METHOD OF DISPOS 1 X Burlet 2 Cremat 4 Donation 5 Oth	tion 3 Ren ar (Specify)		20b. PLACE A cemerary, crem	IND DATE OF DISP	OSITION (NE	ampol 114 Cery	H8-	93 NOr		ty or Town, Stata
	21. SIGNATURE OF FUNER	RAL SERVICE LI	ICENSEE				och Fah		,		
1	Alo	ndus	War	nen	ľ	4	1300 Wa	bash	Ave		
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	Hourt landle.	Es	OPHAG	eth. Do not ent	der the mo	1300 Wa	bash ch aa card		atory arres	Appro Intervi Onaet
ERTIFICATION	iMMEDIATE CAUSE (F	itions, sediate Ying jury	a. Es DUE TO (O DUE TO (O C.	on each line.	EAL DUENCE OF):	ter the mo	30 Wa	bas/) ich as card		atory arres	Interve
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events	itions, ediate YING jury	a. DUE TO (O DUE TO (O DUE TO (O	PAS A CONSEO	EAL UENCE OF): UENCE OF):	VARICE 2	SOWA ide of dying, su CEAL P.	bash ich aa card SLEED ATIT		UTOPSY ED?	Interve
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated eventa resulting in death) LA	itions, ediate YING jury ST	a. Es DUE TO (0 b. DUE TO (0 c. DUE TO (0) d	PHAG PRAS A CONSEO PRAS A CONSEO PRAS A CONSEO PRAS A CONSEO PRAS A CONSEO	DENCE OF): UENCE OF): UENCE OF): OTHI	VARIC 2 Underlying 26. Pt ER:	G Ceuse given la	bash ich aa card SLEED ATIT In Part I.	24a. WAS AN AI PERFORM	UTOPSY ED?	24b. WERE AUTOPS AMBILABLE PR COMPLETION OF DEATH?
IYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, isading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	itions, ediate YING jury ST	a. DUE TO (O b. DUE TO (O c. DUE TO (O d	PR AS A CONSEO PR AS A CONSEO	DOA OTHI	Underlying 26. Pt ER: Uraling Hom 28c. INJ 28c. INJ	G Ceuse given In ACE OF DEATH (C) S C Residence URY AT RK? (ES 2 NO	Dash ich aa card SLEED ATIT In Part I.	24a. WAS AN AI PERFORM	UTOPSY ED?	24b. WERE AUTOPS AMILABLE PR COMPLETION OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide	itions, lediate YING jury ST Cent condition	B. DUE TO (O b. DUE TO (O c. DUE TO (O d HOSPITAL: 1 Inpetiant 2 = E 28a. DATE OF IN (Month, Day, 28a. PLACE OF II building, stc	PHAG PRAS A CONSEO PRAS A CONSEO RAS A CONSEO PRAS A CONSE	DOA OTHI	UnderlyIng 28. PL ER: uraling Hom 28c. INJ WO 1 WO actory, official	G ceuse given la	DAS /) ich as card LEF) A TIT Theck only one 8 Other 28d. DESC	24a. WAS AN AI PERFORM 1 YES 2 (Specify) SRIBE HOW INJ	UTOPSY ED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, isading to imm cause. Enter UNDERL! CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 298. CERTIFIER (Check only) 1 CERTIF	itions, sediate ying jury ST Condition To MEDICAL Pending investigation Could not be detarmined Could	B. DUE TO (O DUE TO (PHAG PRAS A CONSEO RAS A OTHING OF INJURY Mee, farm, streat, for the occurred at th	Underlying 26. PL ER: uraling Hom 28c. INJ WO	de of dying, suited of dying, suited of dying, suited of dying, suited of dying, suited of dying, suited of dying and place, and during and dur	DAS / Dich sa card LEF) A TIT Theck only one 8 Other 28d. DESC 28f. LOCA City on	24a. WAS AN AI PERFORM 1 YES 2 (Specify) THON (Street and Yours, State)	UTOPSY ED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	



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John A Booker

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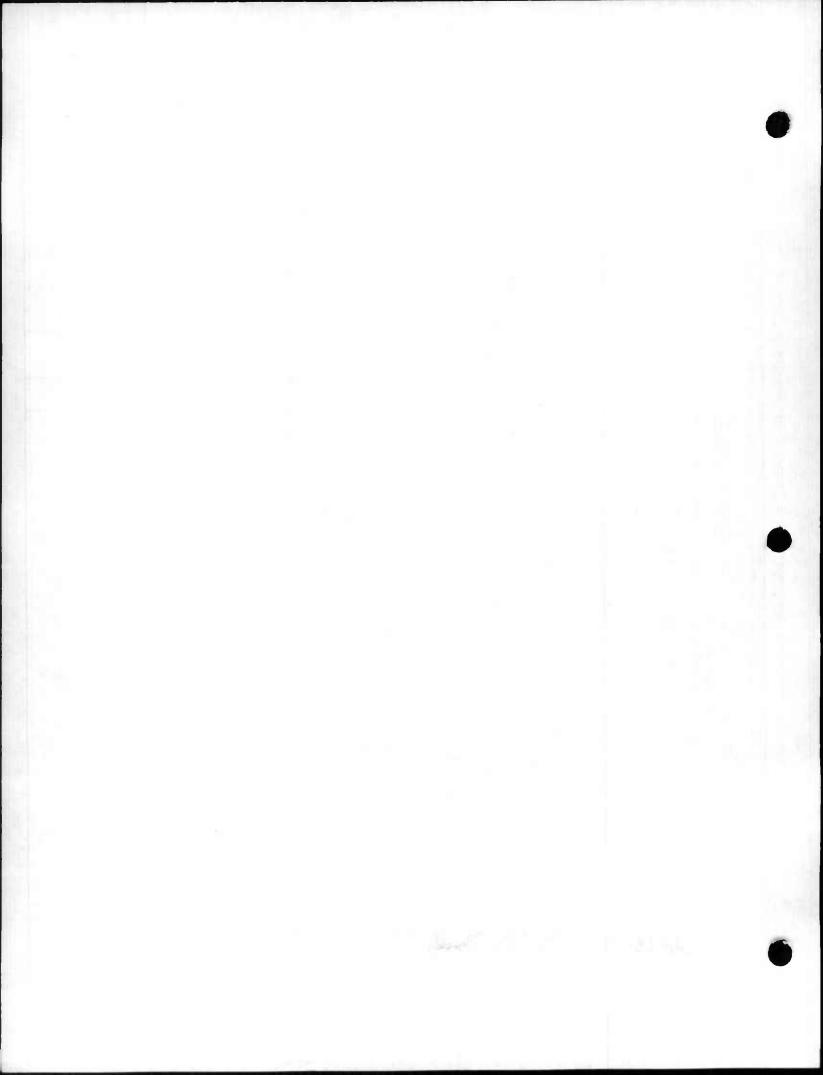
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		DEC NO

1. DECEDENT'S NAME (First, Middle, La	a et l	C	ERTIF	ICATE OF	DEATH AND	REG. N			
		NNA. N	NAGEL			2. DATE OF DEATH MONTH.	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-32-7053	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 13	1906	Counti	IPLACE (State or Foreign V) ARYLAND
9a. FACILITY NAME (If not institution, gi					OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH
BALTIMORE COUNT		HOSPITA	L	RANDAL	LSTOWN		В	ALTIN	IORE
MARYLAND 10b. COU	JNTY			Y, TOWN OR LOCAL TIMORE	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
4800 SETON DRI	VE RM.321			10	21215			JSA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 A	RMED	If yes, sp	CENDENT OF HISPA ecify Cuban, Mexico 2 XNO Specia	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	ss or No-	14. RACE Black Speci	— American Indian, c, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 -	(G	live kind of v Do NOT us	USUAL OCCUPATI work done during me te retired.)	ON ost of working	16b. KIND OF BI	USINESS/IN	DUSTRY	
6TH 17. FATHER'S NAME (First, Middle, Last)			GROC	ER		GROCE			
HARRY NEL					AMELIA	AME (First, Middle, Maide, BURGER	n Surnsme)		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street s		BURGER Route Number, City or To	wn. State 74	o Cortal	
CHARLES LANGO	HR, SR.				BALTIM		1227	- 55000)	
20. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 R 4 Donalion 5 Other (Specify)	smoval from State	20b. PLACE	AND DATE O	OF DISPOSITION (No.	ime of		OCATION -		
21. SIGNATURE OF FUNERAL SERVICE	UCENSEE	/		HUBBAI	ND ADDRESS OF FA		NC.		21229
shock, or heert seller IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e RE	(OR AS A CONSEC		PAI	Cyr.	E			Onset and D
Sequentially list conditions	b	MIL	DUENCE OF	HP E	PLEU	RAL EX	Fu.	SION	15
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	c	(OR AS A CONSEC	QUENCE OF	j: * ′	PLEU	IRAL EX	CF 4.	SIOA	70
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO	(DR AS A CONSEC	QUENCE OF	i):			N AUTOPSY RMEO?		WERE AUTOPSY FINDII
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	o. OUE TO	death but not r	SUENCE OF	n the underlying	g cause given in CA. ACE OF DEATH (Ch	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMEO?		WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	o. OUE TO d. Clona contributing to OUE A CO HOSPITAL: 1 Inpatient 2 288. DATE OF (Month, Di	(OR AS A CONSECTION OF THE CON	SUENCE OF	28. PI OTHER: 4 Nursing Hom UNY UNY	g cause given in CA. ACE OF DEATH (Ch	Part I. 24a. WAS AI PERFO	N AUTOPSY RMEO? 2	240.	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: HOSPITAL: Description Descr	death but not n	DOA 28b. TIME	28. PI OTHER: 4 Nursing Hom UNY UNY	G cause given in CA. ACE OF DEATH (Ch. 5 □ Residence 15 □ Residence 16 1 □ NO	Part I. 24a. WAS AI PERFO 1 YES eck only one)	N AUTOPSY RMEO? 2 NO INJURY OCI	24b.	WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 determined 29c. CERTIFIER (Check only) 1 CERTIFYING PH	HOSPITAL: HOSPITAL: Description Descr	death but not r ER/Oulpetient 3 INJURY 31, Year) F INJURY — Al holetc. (Specify) my knowledge, de:	DOA 28b. Time, seth occurre	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1 1	CA. ACE OF DEATH (Ch 5 □ Residence URY AT RK7 (ES 2 □ NO	Part I. 24a. WAS AI PERFO 1	N AUTOPSY RMED? 2 NO INJURY OCI	24b. CURED or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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6	1	4. SOCIAL SECURITY NUMBER 2.14.54.942.8	5. SEX 8. AGE	(In yrs. lest birthday)
	1	9a. FACILITY NAME (If not institution, give si	treet and number	O Sich
11 2	RECTO	RESIDENCE OF DECEDENT 10e. STATE MD	ARUNDEL	Moe. CIT
permit	AL D	10e. STREET AND NUMBER	THO NO 10 IS	15.0
020 physician. burial-transit	FUNERAL	1828 HAVRE d	12. WAS DECEDENT EVER	
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the bunal-tran notified at once.	B	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 Tyes	
r attend use as	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S
ID 21 ospital or hed for u	COMPLET	Elementary/Secondary (0-12)	College (t-4 or 5+)	Give kind of ville. Do NOT us BARTE
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last) WILLIAM OTT	SHERCEY	
TARY stained to should	BE	190. INFORMANT'S NAME (Type/Print)	o bilanouit	19b. MAILING
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BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physic by the funeral director, page 5 should be detached for use as the burial moral. TO BE COMPLETED BY FU	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remo	sent team Ctate	b. PLACE AND DATE C	
Page al dire	1	21 SUCHATURE OF FUNERAL SERVICE LIC	ENSEE	7/1901
SALTIN or death. Pag he funeral dis al.		Donald &	1. They to	
60, Within 24 hours after opietely filled in by the cremation, or removarent, the medical		23. PART I. Enter the dieeeses, or c shock, or haert failure.	omplications that cause	d the death. Do n
y filled in b filled in b filled in b		IMMEDIATE CAUSE (Finel disease or condition	0 1	A .
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X 687(e executed an and con to build,	TIO	Sequentially liet conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF
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P.O. BOX 68760, in certificate be executed within redding physician and competer Hygene prior to burial, cremor or other traumatic event,	CERTIFICATION	that initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF
S, F death death hemtal		PARY II Other classificant and dis-		
ORD hat the d by th and h	CAL	PART II. Other algorificant conditions	Contributing to death i	but not resulting in
AL RECORDS, P.O. BOX 68760, B. iaw requires that the death certificate be executed within 24 hours after d has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical e.	MEDICAL		June	XIV.
23 Per as F	AN:	25. WAS CASE REFERRED TO MEDICAL		
E - 0 F	o	EXAMINER?	HOSPITAL:	
SCHAN: The Certificate the the State	PHYSI	27. MANNER OF DEATH	1 Inpetient 2 ER/Out	28b. TIME
ON OF DING PHYSI After this c death with	ВУР	Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	лин
VISIC ATTENDI CTOR: A after de 28 is		3 Suicida 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Spe	f — At home, farm, at cify)
DIVISI L DR ATTEN DIRECTOR: Hours after	COMPLETED	290. CERTIFIER Check only	IAN: To the best of my know	rledge, death occurre
HOSPITAL FUNERAL WITHIN 72	MO		: On the beele of examination	
THE HOSPIT THE FUNER filed within	BE C	790. SUCHATURE AND THE STORY CERTIFIER		
5 6 3 3	OB	Letin	V	

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.	*	
	iditho M.	NEILL			2. DATE MONT	OF DEATH DAY	9'Z	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214 54 9428	5. SEX 8. AGE	4/ YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH II. (Jay, Visar) 50	8. Bif Coo	THPLACE (State or Foreign intry)
9a. FACILITY NAME (If not institution, give	wil less co	I Syshi	Bu	Simou	DEATH M	7) 90	Bult.	DEATH
10e. STATE NO. NO.	ARUNDEL	EDG1	OWN OR LOCATION OF	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	CD LCD DO		101.	ZIP CODE		101		WHAT COUNTRY?
IL MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS OECE If yes, spec 1 — YES :	Ify Cuben, Mexic	an, Puerto	N? (Specify Yee or N Rican, etc.)	81	CE — American Indian, set, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) Coffege (t-4 or 5+)	tea. DECEDENT'S USL (Give kind of work life. Do NOT use ret BARTEN)	done during most tired.)	of working	16b	RESTAU		
17. FATHER'S NAME (First, Middle, Lest) WILLIAM OTT	O SHERCEY			IS AE	AME (First,	Middle, Maiden Sumi NORMAN		
190. INFORMANT'S NAME (Type/Print) William A. N	eill	19b. MAILING ADD	PRESS (Street end	e Grac	Route Num	ber, City or Town, Ste 1. Edge	wate:	r, Md. 210.
20e. METHOD OF DISPOSITION 1	noval from State	PLACE AND DATE OF DI		emator	cy 1	1 Alex	ON — City or	
The same of funeral service Li	1. They to	7	Taylo	offo	ral	Chapel		
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	BUE TO (OR AS A C.	CONSEQUENCE OF):		inen			y street,	Approximate Interval Batween Onset and Death
PART II. Other significant condition	d	ut not resulting in th	e underlying	cause given in	Pert I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N	2	ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	E OF DEATH (C)	heck only on	0)		
t YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Output	atlent 3 DOA 4	HER: Nursing Home	5 - Residence	8 🗆 Other	r (Specify)		
27. MANNER OF DEATH Naturel 5 Pending Decident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK	Y AT	28d. DES	CRIBE HOW INJUR	Y OCCUREO	
3 Suicida 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Speci	— At home, farm, streat	, factory, office		281. LOCA City of	ATION (Street and Nu or Town, State)	imber or Rura	Route Number,
29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of my knowlers: On the best of examination	edge, death occurred at	the time, date or my opinion, dear	d place, end due	to the cau	se(e) end manner a	s stated.	(e) and manner so stated.
(Cettly)			1	9c. LICENSE NU				O (Month, Day, Yeer)
30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA			ene S	1.	Baltin	re, 1	No
31. DATJAN W 3 1992 A	12. PEGISTRAR'S SUNIA						- 1	

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.
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IR ATTENDING PHYSICIAN: The law requires the RECTOR: After this certificate has been signer with the State Dept. of Health with the State Dept. of Health and the State Dept. of Health with the State Dept. of Health and State Dept. of Health S	BILL CO 15 HIGHER, OF HEIL CO SHOWS C
L OR ATTENDING PHYSICIAN: The law requires to DRECTOR: After this certificate has been signed hours after death with the State Dept. of Health of the Care of the	HELL CO IS HIGHER, OF HELL CO SHOWS C
TAL OR ATTENDING PHYSICIAN: The law requires to the DIRECTOR. After this certificate has been signed to the DIRECTOR of the DI	If HEM 40 15 HIGHER, OF HEIL AS SHOWS 6
SPITAL OR ATTENDING PHYSICIAN: The law requires 1 VERAL DIRECTOR. After this certificate has been signe in 72 hours after dealt with the State Dept. of Health in 72 hours after dealth with the State Dept. of Health in 72 hours and 100 hours.	II HEM TO 12 HIGHERT, OF HEM LO SHOWS C
40SPITAL OR ATTENDING PHYSICIAN: The law requires to UNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dept. of Health with a contract of Health with the State Dept.	ANI: II HEIT CO 15 HIGHER, OF HEIT CO SHOWS C
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires t E FUNERAL DIRECTOR: After this certificate has been signe within 72 hours after death with the State begs. Of Health darking it is not a second or the second	MIANIE II HEM 40 15 HIGHER, OF HEM 40 SHUMS 6
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed of the countries of the count	PURIANT: IT HEM 40 IS HIGHED, OF HEIL AS SHOWS C

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

CERTIFICATE OF DEATH

REG. NO. FOR STATE REGISTRAR 1. 2. DATE OF DEATH
MONTH
Jan 13 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 13 th MOORE 11:20 amm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 220104001 BERYL, W. VA. 1 1 M 2 F HOURS 01 the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATN GOOD SAMARITAN DIRECTOR 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAN BALTIMORE FUNERAL REET AND NUMBER 101. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY lary (0-12) College (1-4 or 5+) LAN 17. FATHER'S NAME (First, Middig, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 0. BE 19b. MAILING ADDRESS (Str and Number or Rural Route Number, City or Jewn, State, Zip Code) 2 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name DATE Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory 23. PART/1. Enter the diseas intarvai Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition DNEUMONIA
bue to (OR AS A CONSEQUENCE OF): day resulting in death) CARCINOMA OF PROSTATE month METASTATIC CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE failure 1 YES 2 W OF DEATH? PHYSICIAN:

				-		1 123 2 2 1010			
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	theck only one)				
EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outpatient 3	OSPITAL: OTHER: Unpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)							
27. MANNER OF DEATN 1 Netural 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	20d, DESCRIBE NOW INJURY OCCURED)			
2 Accident Investigation 3 Suicide e Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s	street, fac	ctory, office	26f. LOCATION (Street and Number or Ru City or Town, State)	ral Route Number,			

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) lan 9 12

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

63 7#7 altime MD

31. DATE FILED (Month, Day, Year)

1 A N 1 6 1992



BY

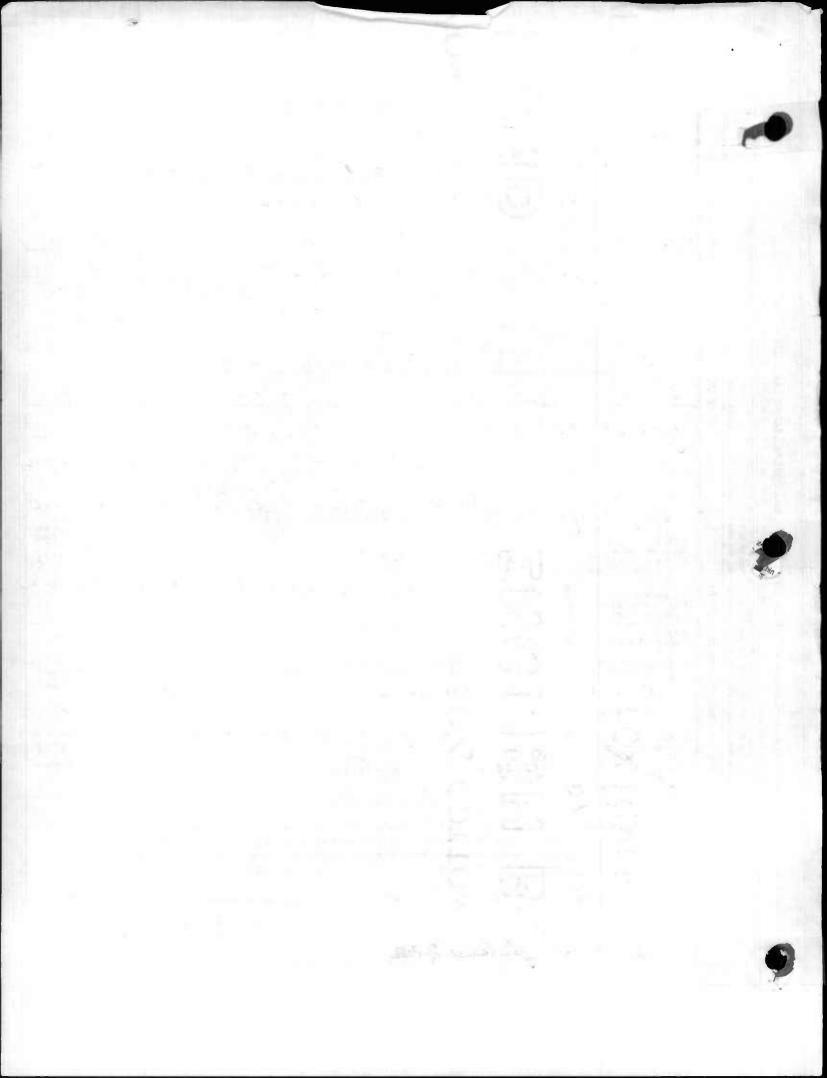
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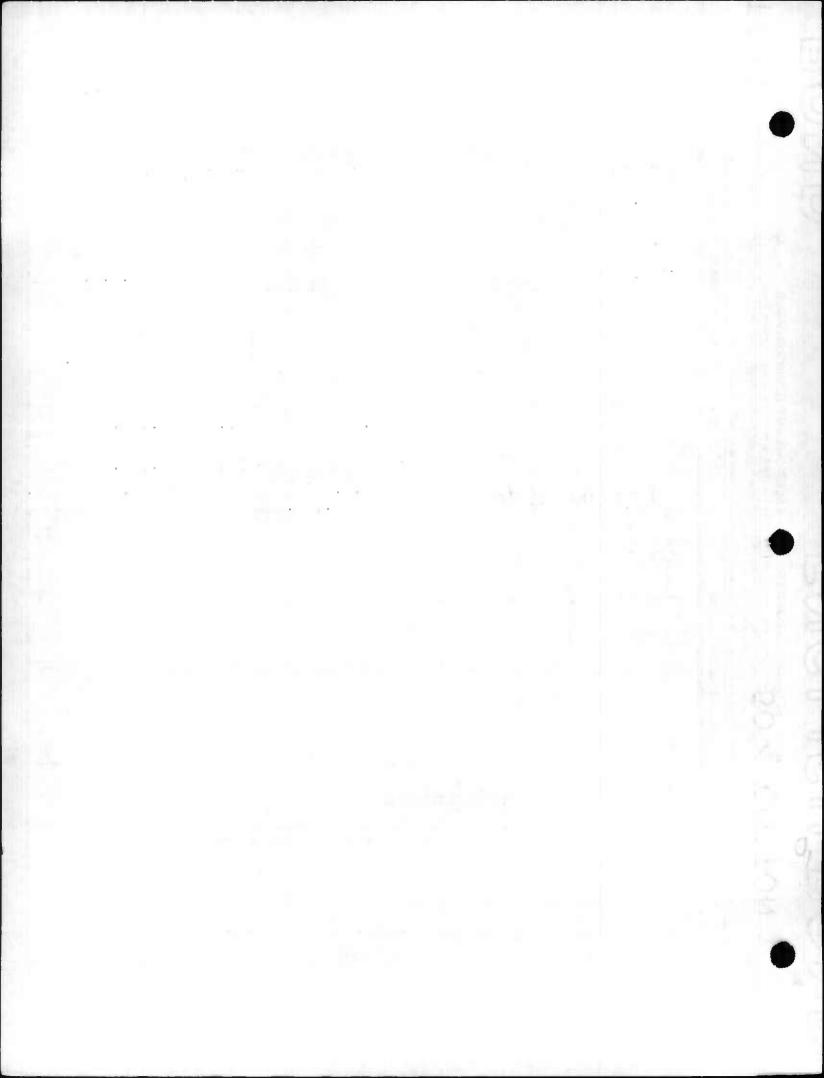


68760, BALTIMORE, MARYLAND 21215-0020	xecuted within 24 nours after death. Page 6 may be retained by the hospital or attendir	and completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)	Mary	ellen	Ogbu	rn				2. DATE OF DI MONTH	EATH DAY	92 *	EAR 3. T	ME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	8.		E (State or Foreign
216-34-4490	1 🗆 M 2 🛱 F	50	YRS.	AONTHS	DAYS	HOURS	MIN.	(Month, Day,	-194	- 1	Country)	bael
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWH (OR LOCATION	ON OF DE				OF DEATH	Land
621 N. Wooding	ton Roa	be			Ra	1+11	more	e City				
RESIDENCE OF DECEDENT					שלנ	1161	IIOI	CILY				
10a, STATE 10b, COUNTY	r		10c. CITY,	TOWN O	R LOCAT	TION					10d.	INSIDE CITY LIMITS?
MD.				Ba1	tin	nore	Cit	ty			1 🔁	YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COD	E		1	log. CITIZEI	OF WHAT	COUNTRY?
621 N. Wooding	gton Roa	ad				212:	29				U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED					NIC ORIGIN? (Sp		No- 14	. RACE - A Black, Whi	merican Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	AR OR DATES	NO			2 TO NO		en, Puerto Rican, y:	, arc.)		Specify:	Black
15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S U				200	16b. KIND	OF BUSIN	ESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Air	Wait	retired.)		or works		Н	opki	ns (Club	Inc.
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle,	, Malden Sur	mame)		
Walter Og	burn						E1:	izabet	h Ea	st		
19a. INFORMANT'S NAME (Type/Print)	7	10	b. MAILING /	ADDRESS	S (Street	and Number	r or Rural	Route Number, Ci	ity or Town, S	State, Zip Co	ode)	
Cassandra Pat	terson		914	N.	Αu	igus	tus	Ave,.	Bal	to.,	MD.	21229
20a. METHOD OF DISPOSITION 1 S Buriel 2 Cremetion 3 Rem	oval from State	of cometan	e ANO OATE	or other n	lacal		1 -				y or Town, S	State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- J wes	cern			ND ADDRE		7+92	ват	EO.	MD.	
· Doretha		#2	281	E	.L.	Phi	llip		1721	-27	N.Mo	nroe St.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSE	EOUENCE OF):	ast	Ca	nce					Onset and Death
PART II. Other aignificant condition	na contributing to	death but not	reaulting in	tha ur	ndarlyin	ig cause	given in		WAS AN AU PERFORMI	EO?	CON OF	IE AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE DEATH?] YES 2 \[\sum \text{NO} \]
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	LACE OF D	DEATH (C	heck only one)				
1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient				10 5 N R	esidence	8 Other (Spe	ecity)			
27. MANNER OF DEATH 1 Assured 5 Pending Investigation	28e. DATE Of (Month, I	FINJURY Ony, Year)	28b. TIME	OF JRY M	W	JURY AT ORK? YES 2 [_ NO	28d. DESCRIB	BE HOW INJ	URY OCCU	RED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — At I	ome, farm, st	treet, fac	tory, offi	ce		281. LOCATION City or Tox	N (Street and wn, State)	d Number or	Rural Route	Number,
one)	ICIAN: To the best of											I menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE		MD					ENSE NU	IMBER UY8	1	29d. OATE S	SIGNED (Mo	nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL		EM 27) (Type,		105				2170	B. 8+	1 6/ - MD	21228
						4 -6	11600		-	1700	1110	21668



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

e law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Memai Hygliene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys- he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pr	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other i

								2. DATE OF MONTH	DEATH	av .	VEAR	3. TIME OF DEATH
	Beulah	H. Pugl						1	11	1	992	
4. SOCIAL SECURITY NUMBER 216-20-2609	5. SEX	6. AGE (In yrs. Ia: 72	st birthday) YRS.	MONTHS	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF (Month, D. 4-5		9	6. BIRTI Count	S. C.
96. FACILITY NAME (If not institution, give 1828 Brunt Stree RESIDENCE OF DECEDENT					v, тоwn d alti	more	ON OF DE				JNTY OF C	DEATH
100. STATE Md 10b. COUNT		10c. CIT		OR LOCAT							10d. INSIDE CITY	
10e. STREET AND NUMBER					-	IMOY				10a CI	IZEN OF	1X YES 2 ☐ NO
1828 Brunt Str						1217					SA	
MARITAL STATUS Never Merried 2 Merried M	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AF 1 YES 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NO NO		If yes, spi	ENDENT O	F HISPAN n, Maxica Specify	IIC ORIGIN? (S ri, Puerto Rice /:	pecify Yee	or No-	Blac	E — American Indian, k, White, etc. thy:Black
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5	(G	CEDENT'S live kind of s	USUAL O work done se retired.)	during mo:	ON st of working	g	16b. KIP	D OF BUS	INESS/IN	DUSTRY	
7. FATHER'S NAME (First, Middle, Last)			Hou	SCWI	16	18. MOTH	ER'S NA	ME (First, Midd	e, Maiden	Surname)		
Russell Briggs						Li	illi.	an Hou	se			
90. INFORMANT'S NAME (Type/Print)		19						Route Number, (p Code)	
Shinley Pugh Re. METHOD OF DISPOSITION A) Burlet 2 Cremation 3 Rem		20b. PLACE					t Ba	ltimor			121/	
	1 50	11	100	22.	Marc	D ADDRES	S OF FAC	MAC +				Md Md
23. PART I. Enter the diseasea, or shock, or haert failure. MMEDIATE CAUSE (Finel disease or condition reaulting in death)	complications the	at caused the de	eath. Do n		Marc 4300	ch F/O Wa	'H I abasi	West h Aven	or reepi		reet,	Approximate interval Betw
MMEDIATE CAUSE (Fine)	DUE TO	on AS A CONSECUTOR AS A CONSEC	DUANCE OF	not enter	Marc 4300	ch F/O Wa	'H I abasi	West h Aven			4(Approximate interval Betw
MMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, 1 any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initieted evente	b	OR AS A CONSECUTION AS	DUENCE OF	not enter	Marc 4300 the mod	ch F/D Wa	H labasi	West h Aven h as cardled	or reepi	AUTOPSY MED?	4(Approximate interval Betwoen and D
MMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or Injury hat initieted evente asulting in death) LAST PART II. Other significant condition II. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	b	OR AS A CONSECUTION AS	DURNCE OF	in the un	Man(430) the mod	ch F/D Water of dyla	THE ADDRESS OF THE ATTH (Che	West h Aven h as cardled	WAS AN PERFORM	AUTOPSY MED?	4(Approximate interval Betw Onset and D Onse
MMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or Injury hat initieted evente asulting in death) LAST PART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINERY	B. OUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Ingester: 2 28a. DATE OF	OR AS A CONSECTION AS A CONSEC	DUENCE OF BRUITING I	OTHER 4 Num	Man(4300) the model with the model w	Cause gi	tween in a	West h Aven h as cardled	WAS AN / PERFORM	AUTOPSY MED?	4(Approximate interval Betw Onset and D Onse
MMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, I any, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or Injury hat initieted evente asulting in death) LAST PART II. Other significant condition EXAMINERY 1 YES 2 NO 7. MANNER OF DEATH 1 Metural 5 Pending	b. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Impatient 2 28a. DATE OF (Minm, D) 28a. PLACE O	OR AS A CONSECTION AS A CONSEC	DUENCE OF BRUITING I	OTHER 4 Num	Man(4300) the model with the model w	Cause gi	tween in a	West h Aven h as cardled	WAS AN / PERFORM 2	MITOPSY MED?	24b.	Approximate interval Betwoonset and Donest a



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

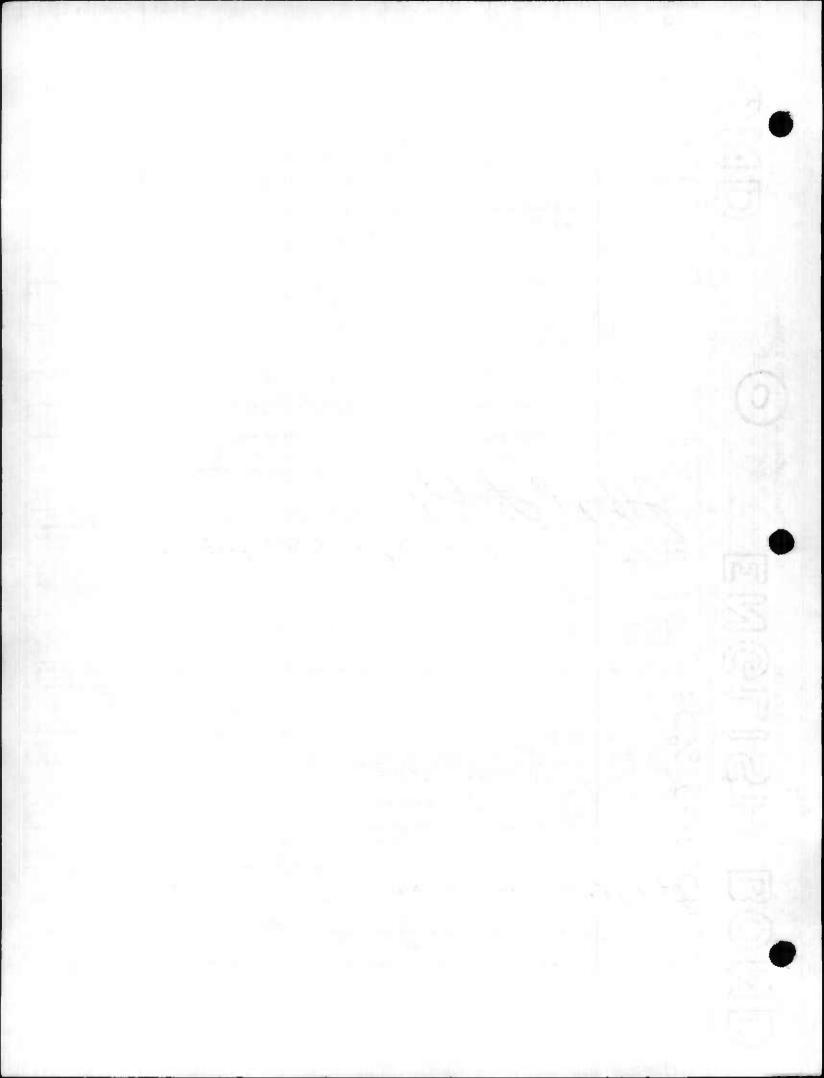
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.			
		oseph Fred	Plummer			2. DATE OF MONTH		YEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-64-7132	1 M 2 - F	NGE (In yrs. last birthday) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Manth, De 11 - 4	ыятн -54	8. BIRTH Countr	PLACE (State or Foreign	
TOR	90. FACILITY NAME (II not institution, give s Union Memoria		- 1 1	эь. сіту, тожн Balti	more Cit	EATH Y	9c. C	DUNTY OF D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	1813 N. HOPE STR	REET		10	1. ZIP CODE 21202		10g. C	PHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	res 2 No	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico 5 2 X NO Specifi	en, Puerto Ricei	pecify Yee or No-	- 14. RACE Black Speci	- American Indian, White, atc.	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	ECEDENT'S EDUCATION only highest grade completed) (0-12) College (1-4 or 5 +) 2 yrs. 16e. DECEDENT'S (Give kind of life. Do NOT u			ON ost of working	16b, KIN	ID OF BUSINESS/	INDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) GARLAND PLUMMER		OIL	TH COTED	18. MOTHER'S HA		le, Malden Surneme)		
TO B	190. INFORMANT'S NAME (TATOS/PYTER) RUBY SCOTT		196. MAILING 3582	ADDRESS (Street COURT HO	OUSE DRIV	Ploute Number, C	City or Town, State,	Zip Gode) TY, M	D 21043	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE OF COMMENT OF	PER MEMOR I	AL	DATE	SYKESV:			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	100		MARCH F.		1 E. NOF	RTH AV	'ENUE	
NC	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	a. Per los	eineformas a consequence of	Ju Ju	South i		or respiratory	arreat,	Approximate Interval Between Onaat and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF I									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/O 28e. DATE OF INJU (Month, Day, Yes	RY 28b. TIM	E OF 28c. IN.	URY AT PRK?		ecify) DE HOW INJURY O	CCURED		
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (:	URY — At home, ferm, a Specify)	treet, factory, offic	•	281. LOCATIO	N (Street and Numb wn, State)	per or Rural Ru	oute Number,	
COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of my ki	nowledge, death occurre	ed at the time, date	and piece, end due	to the cause(e)) end menner ee a place, end due to	tated. the ceuse(e)	end menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER) MI)		29c. LICENSE NUM	ABER	29d. D	ATE SIGNED	(Month, Day, Year)	
	Tray us w	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,		Horpite	1.				
	JAN 16 1992	32. REGISTRAR'S S	GNATURE Randell							

JAN 16 1992 ALMAL

92 00797

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	, ve	3.1	TIME OF DEATH
	THOMAS VI	IRGIL PHI	PPS, SR.			JANU		3 199	2	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH lev. Ybar)	8.	BIRTHPLA	CE (State or Forei
	212-18-5092	1 M 2 🗆 F	77 YRS.	MONTHS DAYS	HOURS MIN.	6/10	7191	4 N	ORTH	1 CARO
	9e. FACILITY NAME (If not institution, give s			•	OR LOCATION OF D	EATH		9c. COUNTY		
5		ESCENT CI	ENTER	BEL A	IR		14	HAR	FORI)
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY,	, TOWN OR LOCAT	TION				10d	I. INSIDE CITY
DIRECTOR	MARYLAND HA	ARFORD	HA	VRE DE	GRACE				1.5	LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN		
8	4324 ROCK RUN	ROAD			21078	3		UNIT	ED S	STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED		ENDENT OF HISPA			or No- 14.		American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			ecify Cuban, Mexico 2 NO Specia		an, atc.)	1	Specify:	nte, atc.
									WHIT	E
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18a. DECEDENT'S U	USUAL OCCUPATION From done during more retired.)	ON oat of working	16b. K	IND OF BUS	INESS/INDUST	FRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	MECHAN			R	E E D T /	GERAT	TON	
N N	17. FATHER'S NAME (First, Middle, Last)		TIECHAN	10	18. MOTHER'S NA				TON	
		PHIPPS				BALL		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (Street o	and Number or Rural			State 7in Co.	ria)	
2		VARDS			UN ROAL			-	ACE	MD
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	·	CATION — City		
	1 M Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	BEL ATR					AIR		RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES /	11	_	ND ADDRESS OF FA		1			
- 23	/////	1. Jan	ledie	HARKI	INS FUN	EDAI	HOME	. INC	n	EL TA
	as after the first will									
	23. PART I. Enter the diseasee, or ehock, or heert fellure.	List only one cause of	on each line.	ot enter the mo	ae or aying, suc	ch 66 cerale	c or respii	ratory street	,	Approxima Interval Be
	IMMEDIATE CAUSE (Finel									
		A	it me	100-	1.0	6.1.	and i			Onset and
	disease or condition resulting in deeth)	4	ute mi	/	did,	hyda	whi	2		Onset and
	disease or condition	4	AS A CONSEQUENCE OF	/	did,	hyda	wfri	-		Onset and
NO	disease or condition	DUE TO (OR	AS A CONSEQUENCE OF	7:	did,	hypa	whi	2		Onset and
ATION	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate	DUE TO (OR		7:	did,	lrya	wfri	→		Onset and
FICATION	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR DUE TO (OR c.	AS A CONSEQUENCE OF	r);	did,	lrya	wfr			Onset and
RTIFICATION	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR DUE TO (OR c.	AS A CONSEQUENCE OF	r);	did,	hyfa	wfr	2		Onset and
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D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF th but not resulting in //Outpetient 3 □ DOA	26. POTHER: OTHER: OF URY M 1	g cause given in	heck only one) 6 Other (28d. DESCI	4a. WAS AN PERFOR	AUTOPSY MED? X NO	AW CO OF 1 [RE AUTOPSY FI
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NL OR	A DIRE	f Item
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosping or arties	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached process as the burial-transit permit. Pages 1, 2, filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THE FI	PORT

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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92 00798 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH TEE 92 YEAR /um 1-12 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign HOURS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ma YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF 10f. 719 CODE WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 YNO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 2 Married 1 Never Married BY 3 .Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of work
life. Do NOT use retired.)

LABOR_FETIKE 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY. only highest grade compl ry (0-12 College (1-4 or 5+) BE 19b. MAILING ADDRESS (Street 2 VC METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State uriel 2 Cremation 3 Removal from State GANKISON Furest nation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE uneral 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximata intarvai Between IMMEDIATE CAUSE (Finai Onset and Death disease or condition alcoholin rosuic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II, Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Condionasch AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES 2 NO 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 34 BY

Natural Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

-1815

Uh 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chi-Shiang Chen. M.D 100 N. Broadway Baltimore, Md. 21231 32. REGISTRAR'S SIGNATURE

una Savidson-Randell JAN 16 1992

COMPLETED

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IMPORTANT: If

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1-15-92

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	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di

92 00799 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) BASIL (B.) (MARTIN-REID) 2. DATE OF DEATH 3. TIME OF DEATH BASIL M. REID 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 81 1 X M 2 F HOURS YRS 7-29-10 JAMAICA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1822 SWANSEA ROAD BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21239 1822 SWANSEA ROAD U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CLERK MANUF ACTORY 4 yrs. Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
MARY MORGAN URIAH MARTIN-REID BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town, State, Zip Code 1822 SWANSEA ROAD/BALTIMORE, MD 21239 2 LYDIA MARTIN-REID pe METHOD OF DISPOSITION

Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must PARKWOOD CEMETERY BALTIMORE, MD 4 Donatton 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximete shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the diseese or condition recuiting in deeth) event. traumatic CERTIFICATION Sequentially liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury injury, or other that initisted events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuee given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO item 23 shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 99 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 200 TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Item 2 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the ation end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

122652

BALTIMORE



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30. NAME AND ADDRESS OF PERSON

16 1992

31. DATE FILED (Month, Day, Yeer)

2. REGISTBAR'S SIGNATURE Fina Davidson-Randell

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SOUTH TO THE SECOND

BALTIMORE, MARYLAND 21215-0020

21h 25 26 28a h c d 00 00000

	1 - FOR 29C,d REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	IEALTH AND	MENTAL HYG	IENE	- {	10000
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEA	TH DAY		3. TIME OF OEATH
	Raymond	Lergy	Rober	ts Sr	•	1	10	92	8:00 A. M
	4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRT (Month, Day, Ye		8. BIRTH Country	PLACE (State or Foreign
	190-52-5963	1 □XM 2 □ F 32	YRS.			Aug. 1	4,1959	Ba	lto. Co. Md
œ	9e. FACILITY NAME (If not institution, give stre		9		R LOCATION OF		9c. COUN	TY OF O	EATH
<u>ō</u>	Rt. 136 Deer Cree	k Bridge		Dat	rlington)	Ha	rfor	d
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWH OR LOCAT	ION				10d. INSIDE CITY
5	Maryland	Harford			Bel	Air			LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	. ZIP COOE		10g. CITIZ	EN OF W	HAT COUNTRY?
E		nion Lane				21014	U	S.A	
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	13. WAS DEC	ENOENT OF NISPA	NIC ORIGIN? (Specifien, Puerto Ricen, ate	y Yee or No-	14. RACE	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES)	Specif	v:
0	15. OECEOENT'S EOUCA	ATION	16e. OECEOENT'S US	MAI OCCUPATIO	·M	Tash Killio o	F BUSINESS/INDI	I A Pensi	white
E	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use n	k done durina mo.	st of working	100. KINO U	P BUSINES\$/INDI	JSTHY	
APL	11 yrs.		Truck d	river		Crous	se Cons	stru	ction Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S N	AME (First, Middle, Mi		SCIU	ction co.
BE (Wi	lliam E. Ro	oberts Sr.		Vir	ginia A.	Rohrma	an .	
0	190. INFORMANT'S NAME (Type/Print) Mrs. Sheila D.	Roberts	19b. MAILING AC	DORESS (Street a	nd Number or Burni	Bords Number City o	- Tours Chats Tie	Code)	
						Bel Air,		1014	
	20e, METNOO OF DISPOSITION 1) Burlat 2 Cremation 3 Remov	ral from State ce	b. PLACE AND DATE OF I	DISPOSITION (Na	Cemet	OATE 20	c. LOCATION — C	ity or Tov	vn, State
	4 Donation 5 Other (Specify)						- J2 F	ork	Md.
	► E. F. Lass			22. NAME AN	O AOORESS OF FA		. Lassa	ahn F	Tuneral Home
				1175	O Belai:	r Rd. Kir	nasville	hM.	21087
	23. PART I. Entar the diseases, or co ahock, or heart failure. Li	mplications that cause at only one cause on a	d tha death. Do not each lina.	antar tha mod	da of dying, suc	ch as cardiac or r	reapiratory arre	st,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Ma	0 0	TIL					Onset and Death
	resulting in death) .	OUE TO COR AS	A CONSEQUENCE OF:	TNIC	nes				
-		OUE TO (OH AS	A CONSEQUENCE OF):	•					
2	Sequantially list conditions, if sny, lasding to immediate	OUE TO (OR AS	A CONSEQUENCE OF):						
CA	cause. Enter UNDERLYING CAUSE (Disesse or Injury								
띮	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								.
AL O	PART II. Other algnificant conditions	contributing to death I	out not reaulting in t	the underlying	cause given in	Part I. 24a, WA	S AN AUTOPSY	24h	WERE AUTOPSY FINDINGS
2					•	PEI	RFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						— XYE	S 2 NO		OF DEATH?
2						-			1 M YES 2 □ NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	neck only one)			
XS	XX YES 2 NO	HOSPITAL:		THER: Nursing Nome	5 - Residence	6 Other (Specify)	Scene		
표	27. MANNER OF DEATN 1 Negtural 5 Pending	26e, OATE OF INJURY (Month, Day, Year)	26b. TIME O	F 26c. INJL Y WOF		28d. OESCRIBE NO			A. no. n = 1. /
B	2 Accident Investigation	1/10/92	6:30	A. 1 - Y	ES 2 NO		ın pıck- impact	-up	truck/
요	3 Suicide 6 Could not be 4 Homicide datermined	bunding, etc. (Spec	/ — At home, farm, stree city)	et, factory, office		28t. LOCATION (St. City or Town, S	reet and Number o	r Aural Ac	ute Number,
	29e. CERTIFIER	road				Rt.136,	Harford	4	. Md.
COMPLETED	(Check only	AN: To the beat of my know	ledge, death occurred a	it the time, date a	and place, end due	to the ceuse(e) and	menner ee atatec	d.	
႘ ူ		On the baels of exemination	n end/or investigation, is	n my opinion, de	eth occured at the	time, date end place	e, end due to the	ceuse(e)	end manner ee stated.
BE	296. SIC NATURE AND TITLE OF CERTIFIER	of o	11)		29c. LICENSE NUI	MBER	29d, DATE	SIGNEO (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFORNIA	ATN (ITEM OF IT	-01	OCME			1-11	-92
	J. LARGO COC	KE MI)	AIN (IIEM 27) (Type, Pri	nt)					
	31. DATE FILED-(Month, Day, Year)	32. REDISTRAR'S SIGN	ATURE						
	JAN 16 1992	32. REDISTRAR'S SIGN	son-gandell						

Item 23 Part I, per Hosp., 6-689, 7/2/92 gn
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND

	- STATE REGISTRAR		CER	TIF	ICATE OF	DEA	TH	REG. NO.	5			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	ν	YEAR :	3. TIME OF DE	ATH
	IRA RUS	SELL						1-12-92 DA		YEAR	10:15	PM
	220-18-9406	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. lest bir	thday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Morth, Day, Year) Aprill, 1	022	Country)	LACE (State or	Foreign
	9e. FACILITY NAME (If not institution, give	street and number)	0,7		9b. CITY, TOWN (OR LOCATI	ON OF DE		9c. COUN		nn,	
DIRECTOR	Franklin Sq	uare Hos	pital			svi			Balt			
REC	10a. STATE 10b. COUNT	Y	-10	Dc. CIT	Y, TOWN OR LOCAT	ION				7-	Od. INSIDE CI	TY
ā	Md.	BAltimo	re		Whi	te	Mars	sh			LIMITS?	
FUNERAL	100. STREET AND NUMBER 11106 Bird	River Gr	ove Roa	d	101	. ZIP COD	1162	,	10g. CITIZ	EN OF WH	AT COUNTRY	?
ВУ	11. MARITAL STATUS 1		FEVER IN U.S. ARMED YES 2 NO AR OR DATES)	If yea, sp	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-	4. RACE -	- American in White, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give k	ind of w NOT us	usual occupation of the control of t	ON st of worldi	ng	16b. KIND OF BUS	INESS/INDU	STRY	Whit	e
O	17. FATHER'S NAME (First, Middle, Last)				uel	18 MOT	JED'C NA	WE (First, Middle, Maiden S				
BE C	Jason Russe	211				16. 11011		gie Pro	,			
2	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Town				
	Donna Hewitt		20h BLACEAND	352	F DISPOSITION (Na	rds	Lan	DATE 200 LOC	more	Md	212	20
	1 Burlel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	ioval from State	Holly	"HI	1º1ºº Cem	ete	cy 1	1			e Md	
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	111		22. NAME AN							
	Connelly	Funda	il Hon	re				eralHome			ve.2	1221
z	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart foliums. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure Chronic Obstructive Lung Disease with and consequence or property of the consequence or property of the consequence or property of the consequence or property of the consequence or property of the consequence or property of the consequence or property of the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or respiratory arrest, and provided the consequence or property or provided the consequence or property or provided the consequence or property or provided the consequence or provided th											Betwesn
CERTIFICATION	Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): Pulmonary Tuberculosis ASDESTOR: ASDESTO											Brown.
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to d	deeth but not resul	iting in	n the underlying	csuse g	ilven in i	Part I. 24e. WAS AN A PERFORM	IED?	AA CC	ERE AUTOPSY MILABLE PRIOR DMPLETION DF F DEATH? YES 2	R TO CAUSE
NA N	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DE	EATH (Che	ck only one)				
VSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 🖸		OTHER: 4 - Nursing Home	5 🗆 Ra	aldenca 8	3 ☐ Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		b. TIME	OF 28c. INJU	JRY AT		28d. OEŞCRIBE HOW IN.	JURY OCCU	RED		
	3 Suicide S Could not be determined	28e. PLACE OF building, e	INJURY — At home, it tc. (Specify)	erm, at	reet, factory, office			281. LOCATION (Street en City or Town, State)	d Number or	Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE	CIAN: To the best of m	ny knowledge, death o mination and/or inves	ccurre	d at the time, date :	and place,	and due t	o the cause(e) and menn ime, data and place, and	er as stated	cause(s) ar	nd manner ae	stated.
BE BE	296. SIGNATURE AND TITLE OF CERTIFIED Marie Challe	m) Mi)			29c. LICE	NSE NUME		29d. DATE S	IGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE		(Туре, і	Print)		0 / 0			13	100	_
	Marie	Chathai										
	31. DATE FILEO (Month, Day Year)	, 32_REGISTRAR	SIGNATURE	4.0								

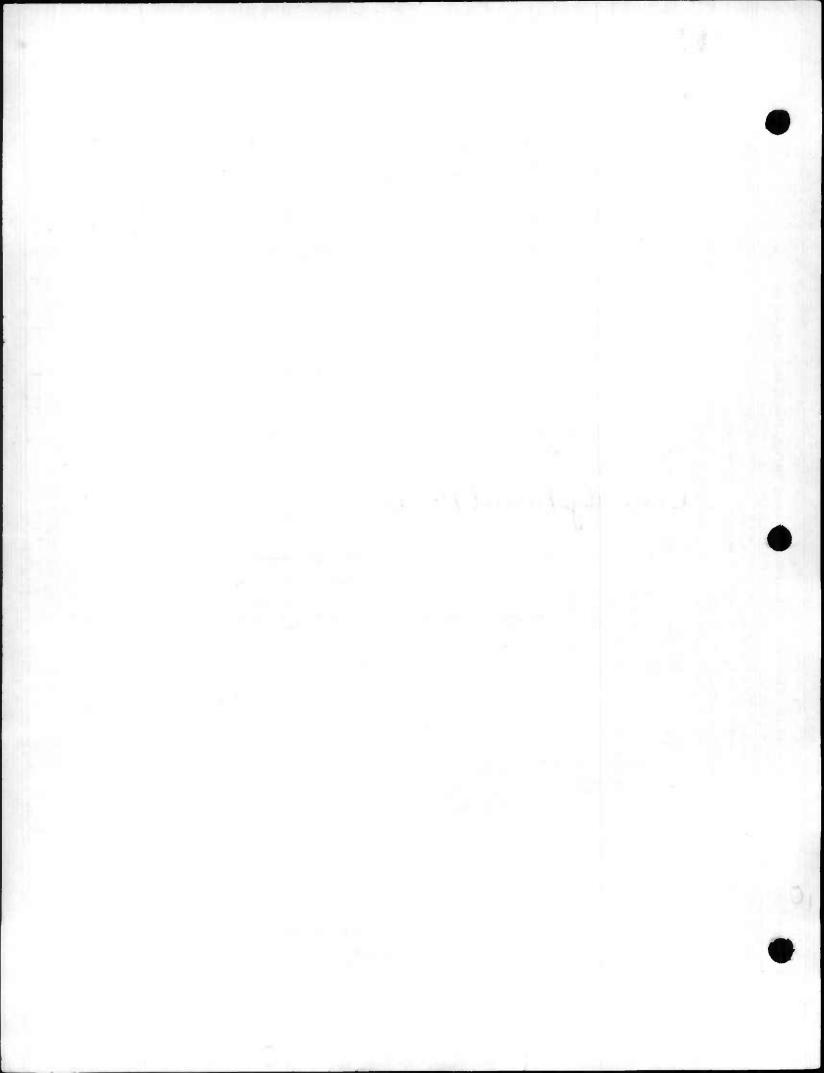
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	. REIB. 5. SEX 6 1 □ M 2 XF	AGE (in yrs. last birthday)	IF UNDER 1 YEAR		2. DATE OF DEATH MONTH D	1 9	2 G	ME OF DEATH
214-46-1008 De. FACILITY NAME (If not Institution, give st	5. SEX 8.	AGE (in yrs. last birthday)	IF UNDER 1 YEAR			/	de (01-1
214-46-1008 De. FACILITY NAME (If not Institution, give st		11 9		IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE	E (State or Foreign
e. FACILITY NAME (If not institution, give st		45 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	46	Country)	Virgin
Harbor Hos	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
	spital (notice	Bali	Timore		_==	======	AND
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION ,			10d.	INSIDE CITY
M-D Ann	e Arunk	bel B	altin	rore			1 25	YES 2 NO
10e. STREET AND NUMBER		1	10	H. ZIP CODE			N OF WHAT O	COUNTRY?
		VER IN U.S. ARMED	13. WAS DE			-	_	merican Indian.
Nover Married 2 Married	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Mexica	n, Puerto Rican, etc.)		Black, White Specify:	white
		(Give kind of	work done during m	ION ost of working	16b. KIND OF BU	JSINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				Glass	Facto	rv	
		1 40/102		18. MOTHER'S NA			4	
M	arvin 3	Johnson		Marg	garet Wri	ght		
								21 225
1 to Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	of cemetary, cremator	y or other place) Memo	rial Park				
	ENSEE	V) .	22 NAME A	ND ADDRESS OF FA	CILITY			7
1 Sular	CA	Hoves		_				21225
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OI	R AS A CONSEQUENCE OF	OF): HEVD OF):	exedia-	f Tufac	itery		Onset and I
resulting in death) LAST	d							
PART II. Other significant condition	s contributing to de	eath but not resulting	in tha underlyi	ng ceuse given in	PERF	ORMED?	COM OF D	E AUTOPSY FINE LABLE PRIOR TO IPLETION OF CAI DEATH?
25, WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C)	neck only one)		1	-
EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:		Or asset Transport			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation		JURY 26b. TI	NJURY V	VORK?	28d. DEŞCRIBE HOV	/ INJURY OCCL	JRED	
3 Suicide 6 Could not be 4 Homicide determined			, street, factory, off	Nca			r Rural Route	Number,
COBCK ONLY	ICIAN: To the best of m	y knowledge, death occu	rred at the time, de	ite and place, and du	e to the cause(a) and m	enner aa state	d.	
one) 2 MEDICAL EXAMINI	ER: On the basis of exar	mination and/or investiga	tion, in my opinion,	, death occured at the	time, date and piece,	and due to the	cause(a) and	manner as sta
		412	ULL	29c. LICENSE NU	MBER C	29d. DATE	SIGNED (Mor	th, Day, Year)
D. Milens	O COMPLETED CAUSE			1001	6.		1 1	1 has
	II. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT FORCES? 1 15 Never Married 2 Married 3 Widowed 4 Divorced If YES, GIVE WAR	MARITAL STATUS Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WIGHER STATUS 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S (Give kind of life. Do NOT U. Packed of l	11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PROCEST 1 YES 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 3 Yes 3 If yes 3	11. MARITAL STATUS	I. MARTIAL STATUS New Merried New Merr	11. MANTAL STATUS Never Married 12. WAS DECEDENT EVER IN U.S. ANMED OCCUPATION 14. WAS DECEMBENT OF HISPANIC ORIGINAT (Speedly Yea or No- 1) 17. WAS 2 E. NO Science, 1. WAS DECEMBENT SEQUENTS EDUCATION 15. DECEMBENT'S EDUCATION 16. DECEMBENT'	IT. MANTAL STATUS Never Married 2 Married 12 WAS DECEMBERT EVER IN U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED Never Married 2 Married 12 WAS DECEMBERT BY U.S. ANMED 14 WAS DECEMBERT BY U.S. ANMED 15 WAS DECEMBERT BY U.S. ANMED 16 WAS DECEMBERT BY U.S. ANMED 17 WAS DECEMBERT BY U.S. ANMED 18 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBERT BY U.S. ANMED 19 WAS DECEMBER BY U.S. AND DECEMBER BY U.S. ANMED 19 WAS DECEMBER BY U.S. AND DECEMBER BY U.S. ANMED 19 WAS DECEMBER BY U.S. AND DECEMBER BY U.S. ANMED

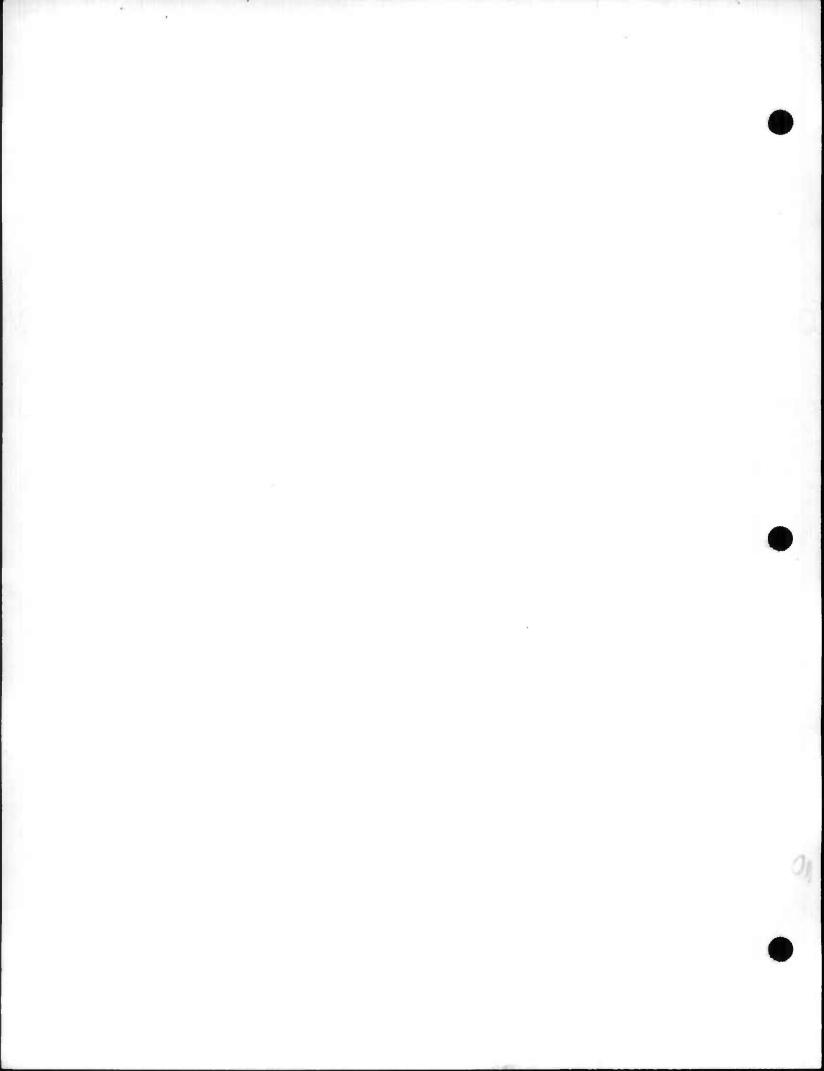
DHMH-16 Ray 1/89

214-1- 1008 X +3 BULL 61 BUTTER FORE

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	, Middle, Last)	~		MODDIC	DOCEN.	DEDC	2. OATE OF OEATH	AY	YEAR 3.1	TIME OF DEATH		
		per							1 0	12 5	A M		
	4. SOCIAL SECURITY NUME			GE (In yrs. last	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	<u>ا</u> '	Country)	CE (State or Foreign		
	215-38-1			8.1		CITY TOWN	OR LOCATION OF OE	X 14 10	S COUNT	Y OF OEATH	ry Hua		
۳ ا	1 1	3	ome)		-		-Himor		\$2. COUNTY	TO OLAII			
8	RESIDENCE OF DEC						i		1				
DIRECTOR	10e. STATE	10b. COUNTY			10c. CITY, TO	WN OR LOCA BALTO				10d	I. INSIDE CITY LIMITS? YES 2 \(\square\) NO		
	10e. STREET AND NUMBER					10	ot, ZIP CODE		10g. CITIZI		COUNTRY?		
FUNERAL	2206 KEN 0	DAK RD.					21209			USA			
S	11. MARITAL STATUS	00-00-00	12. WAS DECEDENT EVE FORCES? 1 4			13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Year	n or No— 1		American Indien,		
ВУ	1 Never Married XX		IF YES, GIVE WAR OF		WWII	1 _ YE	pectry Cuben, Mexice S 2 ⁴ NO Specify			Specify			
		EDENT'S EDU		18e. OE	CEOENT'S USU	AL OCCUPAT	ION	18b. KIND OF BU	SINESS/INDU	STRY			
COMPLETED	Elementery/Secondary (College (1-4 or 5+)		Do NOT use rei	ired.)	ost or working	3.00	T 357	/ cor o			
MP			JT		ATTOR	NEX				(SELF	EMPLOYED)		
BE CO	17. FATHER'S NAME (First, AARON	N ROSEN	NBERG				1/0	ME (First, Middle, Malden A WEINBERG					
10 B	19a. INFORMANT'S NAME (MRS CARC		ENBERG	191				CTO., MD 2		Code)			
	Yes. METHOD OF DISPOSIT		oval from State	20b. PLACE	OF DISPOSITION	N (Name of co	emetery, crematory or EW 1-1		IMORE		State		
Ж.	21. SIGNATURE OF HUNERA		PENSEE			22. NAME /	NO ADDRESS OF FA	CILITY					
	· Chy	Ma	u Their					BROS., IN		. MD	21.215		
	23. PART I. Enter the dishock, pr h		Complications that cau			enter the m	ode of dying, suc	h as cerdisc or resp	erre	st,	Approximete Interval Between		
	IMMEDIATE CAUSE (FI	nal		2.16.	mois, A						Onset and Death		
	resulting in death)	\rightarrow	8.	•	OUENCE OF):								
7						SP.R.A	non Z.	DYSCHAG,A			<u> </u>		
OI I	Sequentially list condi- if any, leading to imme		DUE TO (OR	AS A CONSE	OUENCE OF):								
CA	CAUSE (Disesse Dr Inju		cOUE TO (OR /	AP A CONCE	OHENCE OF								
MEDICAL CERTIFICATION	thet initiated events resulting in death) LAS	ST	4	AS A CONSE	OUENCE OF J.								
S	PART II. Other signific	ent condition	to contributing to dee	th hut not :	seculture le t	ha undarkil	na couce alves la	Pert I. 24s. WAS AI	V ALITONOV	0.45 WE	RE AUTOPSY FINDINGS		
CAL			ENFARCT DE			ne underlyi	ng cauaa givan iii	PERFO	RMEO?	AM	AILABLE PRIDE TO EMPLETION OF CAUSE		
ED								1 □ YES	2 NO	OF	DEATH?		
								-		1 ''	_ YES Z _ NO		
SIAN	25. WAS CASE REFERRED	TO MEDICAL					PLACE OF DEATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
ВУ РН	V	Pending investigation	28a. OATE OF INJU (Month, Day, Ye	28b. TIME O	V	NJURY AT VORK? YES 2 NO	28d. OEŞCRIBE HOW	Bd. OEŞCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, building, etc. (Specify)												
LEI	290. CERTIFIER 1 X CER	ITIFYING PHYS	ICIAN: To the best of my I	inowledge, de	eath occurred a	t the time. de	te and place, and due	to the cause(a) and m	enner as state	od.			
COMPLETED	CONSUM ONLY		ER: On the basis of examin								nd manner ee stated.		
BE	29b, SIGNATURE AND THE	FOF CERTIFIE	Seneral m)				29c. LICENSE NU		29d. DATE	1 1 -	onth, Day, Year)		
5	30. NAME AND ADDRESS O	F PERSON WI		F DEATH (ITE			40 m s=	BALTIMA	low so	7.12			
	31. DATE FILEO (Month, Day	(, Year)			n-Mande				4, 7.13	J . u	- •		
		0.0 -0 - 1	1992 Julia	11 1 1	77	00							

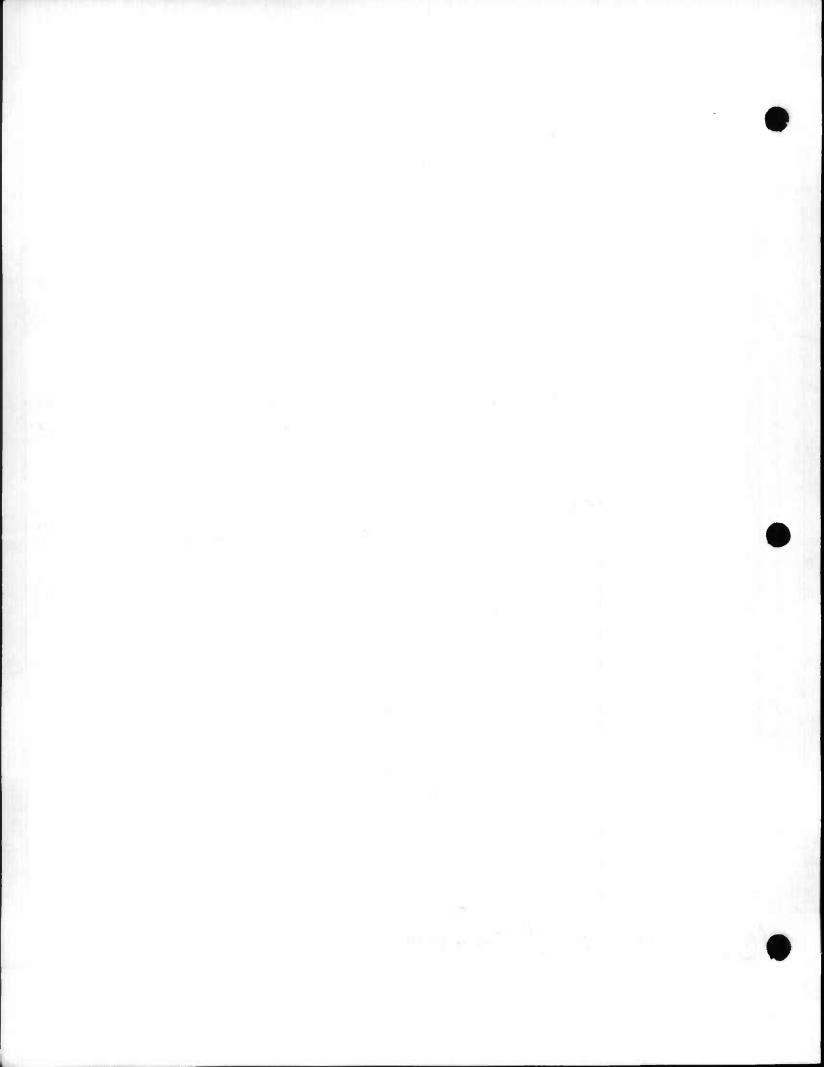


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24 hours after death. Fage 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. pn, or removal. The medical examiner must be notified at once.	ath certificate be executed within 24 hours after tending physician and completely filled in by the all Hygiene prior to burial, cremation, or removal, or other traumatic event, the medical is	PHYSICIAN: The law requires that the death this certificate has been signed by the artenn with the State Dept, of Health and Mental Hirked, or Hem 23 shows any Injury, or	TO THE HOSPITAL DR ATTENDING IN THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is man
	- 20	certificate be executed within 24 hours after ding physician and completely filled in by the typiene prior to burial, cremation, or removing the traumatic event, the medical	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEMAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (Flist,	A A	Smith						2. DATE OF OEATH MONTH	DAY	YEAR	3. TIME OF DEATH 8:00pm
4. SOCIAL SECURITY NUMBI	R	5. SEX	8. AGE (In yrs. la		IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH	11	a. BIRT	HPLACE (State or Foreign
218-64-1	961	1 M 2 F	34	YRS.	MONTHS DAY	's HOURS	MIN.	(Month, Day, Year)		Coun	Hd Hd
9a. FACILITY NAME (If not ins					9b. CITY, TOV			TN		UNTY OF	DEATN
Maryland		ral Hosp	ital		Ba1	timore	e, Ci	ty			
10a. STATE	10b. COUNTY				TOWN OR LO	CATION					10d. INSIDE CITY
Md				Bo	2140						LIMITS?
100. STREET AND NUMBER	1110	n Ave				101. ZIP COD			10g. C	TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	ner						215			- (5.A
1 Never Married 2 I	farried		ES 2 2	NO NO	It yes	specify Cubi	an, Maxican,	ORIGIN? (Specify Puarto Rican, etc.)	fea or No-	14. RAC Blac	E — American Indian, ck, White, atc.
3 Widowed 4 Divon	ced	IF YES, GIVE W	WAN OR DATES		''	rES 2 NO	Specify:			Spec	Black
15. DECE (Specify only	DENT'S EDU	CATION completed)			JSUAL OCCUP		na	16b. KIND OF E	USINESS/II	NDUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5	16h	e. Do NOT use	retired.)	TO ST WORK					
17. FATNER'S NAME (First, Mich	idle Lasti					40.000					
Dexter	Tar	10 em				18. MOT	NER'S NAM	E (First, Middle, Malde	en Surname)		
19a. INFORMANT'S NAME (Ty	pe/Print)	4	19	b, MAILING	ADDRESS (Stre	et and Number	or Rural Ro	ute Number, City or To	own, State. 2	(ip. Code)	
Keith S	mix	6	1	1405	- LA	- Plate		ve Apt	E. 1	Sa lt	Hed 212
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation	N 3 □ Seme	oval Irom State	20b. PLACE	ANDDATEO	F DISPOSITION	(Name of	D	DATE 20c	OCATION -	- City or To	
.6-											
4 Donation 5 □ Other (Specify)			enlatory adoth		tas (very	11692 (aton	SUIll-	e, rul
21. SIGNATURE OF FUNERAL	Specify)	ENSEE			ein -	AND ADDRE	SS OF FACI	1-16-92 C	atons	SUIll-	e, rill
21. SIGNATURE OF FUNERAL	SERVICE LIC	Wan	<u>ا ا ا</u>	BTA	22. NAME	ich	43	4.West	atons	soll-	Ave
21. SIGNATURE OF FUNERAL Delta language languag	Specify) SERVICE LIC	Wan	et caused the de	eeth. Do no	22. NAME	ich	43	4.West	atoni also piratory o	soll- ech	Ave Approximate
21. SIGNATURE OF FUNERAL 23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Fina	Specify) SERVICE LIC SERVICE LIC SERVICE LIC SERVICE LIC SERVICE LIC SERVICE LIC	complications the	t caused the de	eeth. Do no	22. NAME Solution	mode of dy	43 Ing. such	f. Was T O U U C as cardiac or rea			Intervel Between
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23. PART I. Enter the dis ahock, or he iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other eignificants 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PR 2 Accident 5 PR 2 Nomicide 6 C	Specify) SERVICE LIC SERVICE L	DUE TO DU	caused the delegant to a see on each line on each line on each line of the control of the contro	eeth. Do not not not not not not not not not no	22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 22. NAME 23. NAME 24. Name 24. Name 25. Name 26. OTHER: 4 Nursing N OF RY M 1 Treet, factory, o	mode of dy ICY SY VING ceuse (PLACE OF D Oma 5 Ra INJURY AT WORK? YES 2 Wilca sta and place, In, death occur	ing, such indron indron in Property in Pro	as cardiac or reacted as cardiac or reacted	N AUTOPSY PRMED? 2 NO INJURY Of and Numbre ener as steed due to f	24b	Intervel Betwo Onset and De OS CESS WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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TIME OF DEATN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

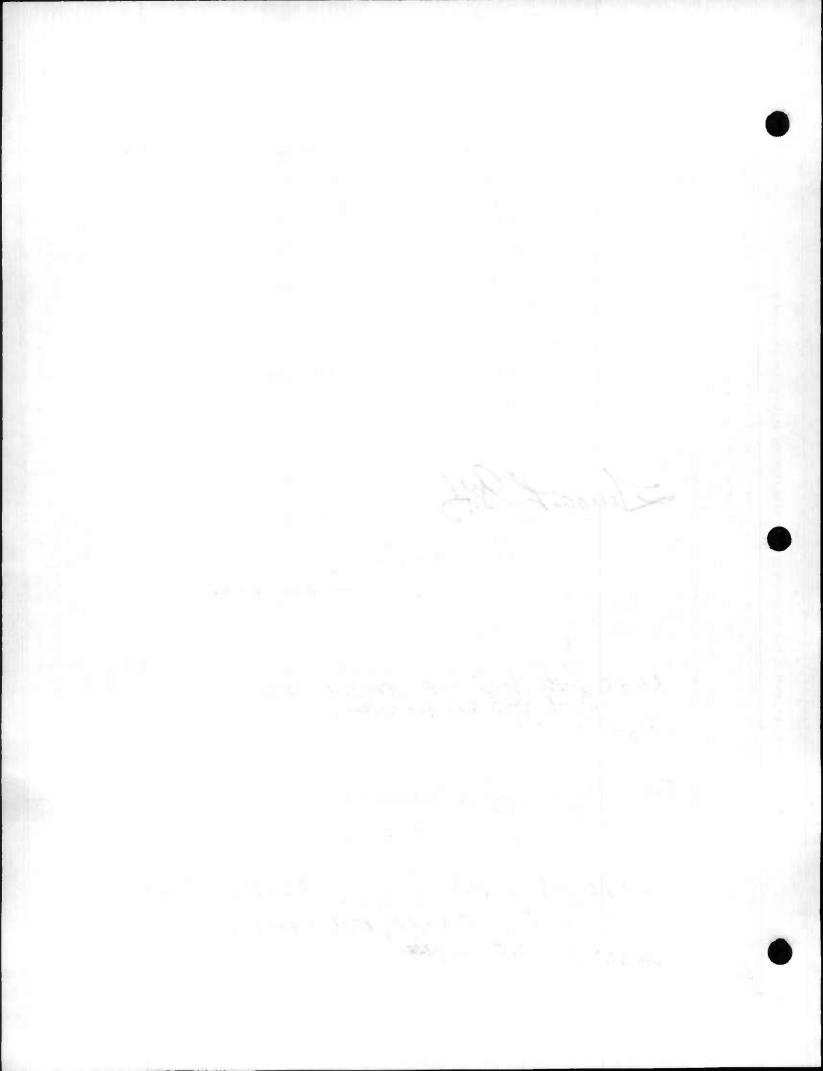
FOR	STATE OF I	IARWIAND (9	12	
1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / L CEI	RTIF	ICATI	OF H	DEA	AND TH	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Las)							2. DATE OF DEATN			3
	lizabeth	Stoc	ker					1 13	AY	9 2	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. leat b	oirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTA	(PL
202-09-7182	85	YRS.	MONTHS	THE DAYS HOURS		MIN.	(Month, Day, Year) OCT. 21, 1906		PEN		
9a. FACILITY NAME (If not institution, give Easton	street and number)			9b. CITY	, TOWN	R LOCATI	ON OF D		7	UNTY OF D	
Memorial RESIDENCE OF DECEDENT	Hospita	1		Ea	sto	n				Talb	0
10a. STATE 10b. COUN	TY		10c. CITY	Y, TOWN (OR LOCAT	ION					-
Maryland				, , , , , , , , , , , , , , , , , , , ,			Balı	timore			10
10e. STREET AND NUMBER					101	. ZIP COD	E		10g, CI1	TIZEN OF V	VH/
634 S.Payson S'	Treet					212	23		100	S.A	

	Mary		izabeth	Sto	ocker					1	13		92	9:30 P	N		
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	BIRTN By Viser)		6. BIRTN Countr	PLACE (State or Foreign	_		
	202-09-7182		1 M 2 F	85	YRS.	MONTHS	UATS	HOURS	MHPH.	OCT.2		6		NSYLVANIA			
~	9a. FACILITY NAME (If not institution, give street and number) Easton					9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE			9c. COUNTY OF DEATN			_		
0	Memoria	1		Ea	sto	n				Т	alb	ot					
E	RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	Y TOWN	OR LOCAT	1011							Ξ		
DIRECTOR	Maryland				loc. Gr	1, 101111	OH LOCAL		Rol+	imore				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				101	. ZIP CODE		THOLE				1X YES 2 NO	_				
18	634 S.Pays	21223								HAT COUNTRY?							
FUNERAL	11. MARITAL STATUS	T EVER IN U.S.	RMED	12	WAS DEC			HC OBIONE W			S.A		_				
	1 Never Married 2 1	YES 2X	NO		If yes, spe	ECENDENT OF HISPANIC ORIGIN? (Specify specify Cuban, Maxican, Puarto Rican, etc. ES 2 X NO Specify:				or No —	14. RACE Black	— American Indian, t, White, atc.					
ВУ	3 X Widowed 4 Divon	ced	11 123, 0172	MIT ON DATES			1 [] TES	ST NO	Specify	γ:			WHITE				
COMPLETED	15. DECE (Specify only	DENT'S EDUC	CATION	16a, (ECEDENT'S	USUAL C	CCUPATIO)N		16b. Kil	ND OF BUS	INESS/INDU	JSTRY		-		
Ш	Elementary/Secondary (0-		College (1-4 or 5		(Give kind of a fe. Do NOT us	se retired.)	aunng mos	st of working	g	10000							
MP	6TH GRade				Mail	Cler	k			Mor	tgom	erv W	ards	S			
Ö	17. FATHER'S NAME (First, Mid	ddle, Last)						18. MOTH	ER'S NA	ME (First, Midd					_		
BE	WIlliam H.		or					Lo	otti	e (Un	know	n)					
0	19a. INFORMANT'S NAME (7)			1	9b. MAILING	ADDRES	S (Street as	nd Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)		-		
-	WALTER TAY				53	4 Mo	nroe	Circ	cle	- Glen	Bur	nie,	Md.	21061			
	20a, METHOD OF DISPOSITION 1 M Burlai 2 Cremation	ON 3 A Ramo	oval from State	20b. PLACE	EANDDATE	OF DISPOS	SITION (Na	me ol		DATE	20c LOC	ATION - C			-		
	4 Donation 5 Other (Specify)		Mead	owrid	ge M	emor	ial E	ark	1/17	ELI	KRIDG	E				
	21. SIGNATURE OF FUNCTIAL	SERVICE LIC	ENSEE /	600				D ADDRES			E TM	2			_		
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229																
	23. PART i. Enter the dis	seesea, or c	omplications the	ceused the c	leeth. Do r	ot enter	the mod	de of dvir	na. auci	as cerdiec	or resolu	atory erre	ot E	Approximata	_		
	anock, or heart failure. List only one ceuse on each line.												interval Between				
	diseese or condition	much	L En Dune								Onset and Deeti	lh					
	resulting in deeth)		DUE TO	Pullul !!							Flun						
z	- Change Obskush a land Dear																
CERTIFICATION	if any, leading to immediate																
S	cause. Enter UNDERLYIN CAUSE (Disease or Injury																
E	thet initieted evente resulting in death) LAST		DUE TO	OR AS A CONS	EOUENCE OF	7:									_		
H	resorting in death) LAST																
2	PART II. Other significen	t conditions	s, contributing to	deeth but not	resulting (n the u	derlylna	CRUSA C	lven in l	Part I 24	. WAS AN A	UTOBOY	1 0.45		_		
AN: MEDICAL	ASITO	with	Chrim	ic CHF	= C	mil	11	1te	/		PERFORM	AED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	3		
	Block with Mill of white I									11	YES 2	NO.		OF DEATH?			
2	1 yes 2 No																
	25. WAS CASE REFERRED TO	MEDICAL I	or your				00.01	105.05.0=							_		
Sic	EXAMINER?		HOSPITAL:		OTHE	R:			ock only one)					_			
PHYSIC	27. MANNER OF DEATN		1 Inpetient 2		28b. TIM		aing Home 28c. INJU		ildence	6 Other (Sp					_		
	1 Natural 5 P		(Month, De	ly, Year)		URY	WOF	RK?		28d. DESCRIBE NOW INJURY OCCURED							
BY	3 Sulette	rvestigation	26e, PLACE OF	INJURY - ALL	ome form o	tract food		ES 2	NO						_		
		ould not be etermined	building,	irtc. (Specify)	nome, farm, street, factory, office 281. LOCATION (Street and Number or Rural Richty or Town, State)							r Aurai Ac	sute Number,				
!!!!!!	m orman													_			
COMPLETED	CENTIFIER (Check only one) CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.																
			on the best of ax	and/or	investigation	n, in my c	pinion, de	ath occure	d at the	time, data and	place, and	dua to the	Cause(s)	and menner as stated.			
8	296. SIGNATURE AND TITLE O	CENTIFIER	10	MA				29c. LICEN			- 1	29d. DATE	SIGNED	(Monty, Day, Year)			
2	20 NAME AND ADDRESS OF	002	1//	11)		W out (/ MI) DO8715 ► 1/14/92											

2160

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 1992

DHMN-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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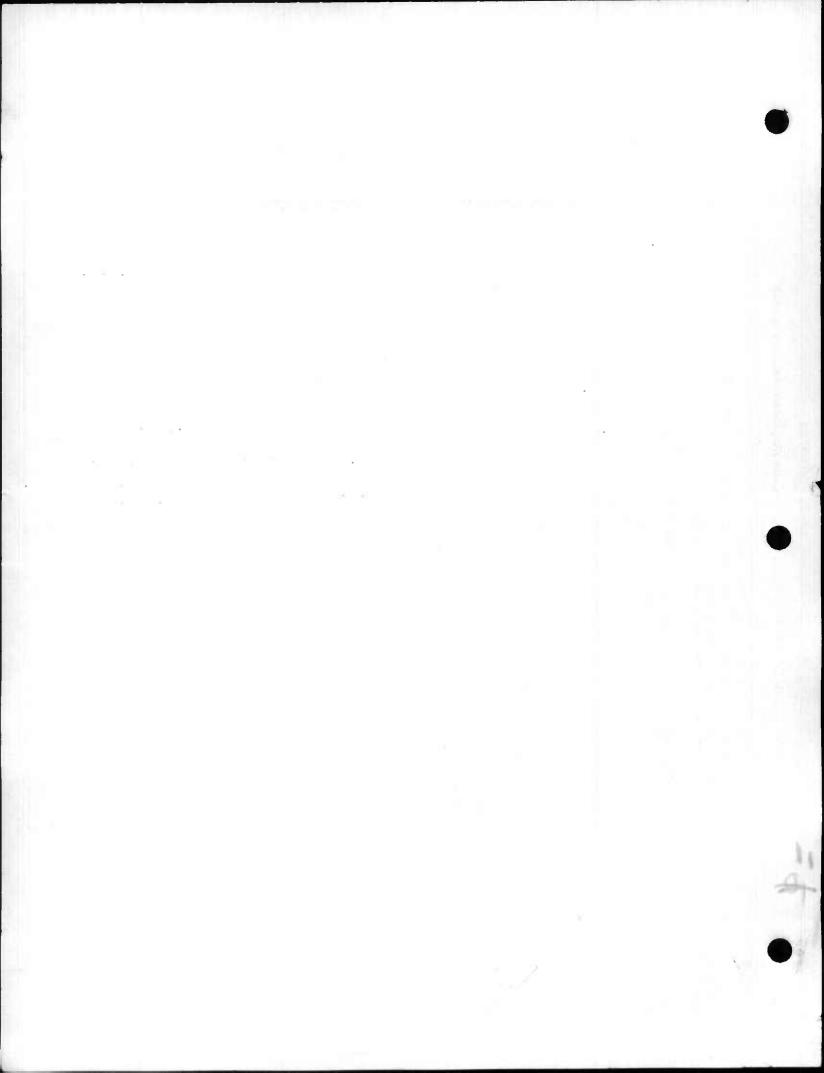
31. DATE FILEO (Month, Day,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH DE A	AND I	MENTAL		IE	92	00806
	1. OECEDENT'S NAME (First, Middle, Last)		RIII	ICATI	E OF	DEA	10	2. DATE (REG. NO		1 2	TIME OF DEATH
	VIVIAN SA	HT.TH							MONTH		R	YEAR 7	0210
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE C	F BIRTH	0	6. BIRTHPL	ACE (State or Foreign
		1 □ M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Month	Day, Year)	03	Vir	ginia
-	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN	R LOCAT	ON OF OR	ATH		9c. COUR	TY OF OEAT	ГН
2	RESIDENCE OF DECEDENT	TAL HOSP	LTAL.		В	ALTI	MORE	CIT	Y				
DIRECTOR	10e. STATE 10b. COUN		10c. CI1	Y, TOWN	OR LOCAT	ION				d. INSIDE CITY			
	MD.			Ba1	tim	ore	Cit	У		YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2523 Calkver	ton Wois	hta Azz	00116	_	101	. ZIP COD	E				T COUNTRY?	
Ä				2121								U.S	.A.
	11. MARITAL STATUS 1 Never Merried 2 Merried	YES 2 VNO			13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexicon,			IIC ORIGIN?	(Specify Yes	or No-	14. RACE —	American Indian, hite, etc.	
BY	3€ Widowed 4 □ Divorced	IF YES, GIVE V	WAR OR DATES					Specify				Specify:	Black
0	15. DECEDENT'S ED (Specify only highest grad	16a. DEC	EDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	(GA life.	Do NOT u	work done se retired.)		st of worki	ng	122					
COMPLETED				Re	etir	ed				Tea	cher		
TO BE COM	17. FATHER'S NAME (First, Middle, Last) George B. C					18. MOT	-		ddle, Maiden				
BE BE	19e. INFORMANT'S NAME (Type/Print)						Gra		Bond				
2	Eugene C. Jub:	i 100	196.	4304	ADDRESS	(Street a	OTO	or Rural A	Numbe	r, City or Tow	n, State, Zip	. 21	215
20	20a. METHOD OF DISPOSITION 1 2 Burlel 2 Cremetton 3 Rea		20b. PLACE A	-				10011	OATE			City or Town,	
200	1 To Burial 2 Cremetion 3 Res	moval from State	Arbu					1-1	1-92	Ar	butu	is, M	D.
examiner	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE DET	tor #	281				ss of fact	F/F				onroe ST 21217
ERTIFICATION	23. PART I. Entar the disease, or abock, or haert fellure immediate (Finel disease Dr condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO DUE TO C.	OR AS A CONSEON	UENCE OF	F):	the mo-	de of dy	ing, auch	n ee cardi	ec or reapl	ratory arm	eat,	Approximate interval Between Onset and Death
F	that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
5 3	PART II Other classificant or the	d											
: MEDICAL	PERFORMED? AVAILABLE PI											1/	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Cha	ck only one!				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)									
돌	27. MANNER OF DEATH	28e. OATE OF (Month, De	INJURY av. Year)	28b. TIM		28c. INJU	JRY AT			RIBE HOW II	JURY OCC	UREO	
8	Netural 5 Pending Investigation		P		М		ES 2	NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At hometc. (Specify)	ie, ferm, i	street, tect	ory, office			281. LOCAT City or	ION (Street e Town, Stete)	nd Number o	or Rural Route	Number,
	May CERTIFIED												
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the basis of ex											d menner ee stated.
W	296. SIGNATURE AND TITLE OF CENTREE	N 0						NSE NUM			29d. DATE	SIGNEO (Mo	nth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUS	-110				A12	7389	746C	13	1.	-8-	92

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KWY BILL MI 2/ey 5

32. REGISTRAR'S SIGNATURE



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31. DATE FILED (Month, Day

JAN 16 1992

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death. Page 6 may be retained by the hospital or attending physician. notified at pe must director, examiner the funeral filled in by the flon, or removal. medical been signed by the attending physician and completely fille or. of Health and Mental Hygiene prior to burial, cremation, the TIML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic other 10 shows any injury, r this certificate has been having the State Dept. o arked, or Item 23 sh marked, M. DIRECTOR; After

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) GEORGE 2. DATE OF DEATH 3. TIME OF DEATH J). SUEHS YEAR John IN 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 7 - 6 - 25 IF UNDER I YEAR IF UNDER 24 HRS. S. BIRTHPLACE (S) 219-18-3486 MARYLAND 1 🛛 M 2 🗌 F 66 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1039 SUMTER AVENUE 21237 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced WHITE WWII COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 YEARS PLUMBER BALTO. CO. MD. 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Meiden Sumame) JOHN SUEHS KATE ZIHLMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MRS. JOYCE LEWIS BEEFWOOD CT. BALTO. MD. 20s. METHOO OF DISPOSITION
1 💢 Burlet 2 □ Cremetton 3 □ Removal from State
4 □ Donetton 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State HEART OF JESUS | 1-17 BALTO., CO. MD ATUME OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME FLEET STREET BALTO., CV. 2525 MD. part I that the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each lins. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in dasth) CERTIFICATION Sequentially list conditions, CONSEQUENCE if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1100 TI YES OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL . OTHER: lant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rurel Route Number, City or Town, State) 8 🔲 Could not be BE COMPLETED 4 Homicide 29a, CERTIFIER t ... CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BEATTLE MEDICO BRAINS 13

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE

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ELIOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	E EMETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defact	I warm 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HTANT: II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.
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92-215-510 Items: 23 part I, 27, per MEO G-684 2/4/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Margaret Hood Schuth 92 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 3 MONTHS OCT . 18, 1991 218-33-4897 HOURS 1 M 2 XXF MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University RESIDENCE OF DECEDENT Baltimore Hospital 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE, CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21230 EAST MONTGOMERY STREET U.S.A. 12. WAS DECEDENT EVER IN S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES N. SCHUTH BE KEE HOOD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or 21230 2 BALTIMORE, MD. 44 EAST MONTGOMERY ST. JAMES N. SCHUTH 20a. METHOO OF DISPOSITION

1 M Burlel 2 Cremation 3 Removal from State
4 Donetion 5 D Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE ST. PAUL'S CEM. 1/17 BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY 4905 YORK ROAD 21212 Villiam Vaus. HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List Dnly ona cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition_ Sudden Infant Death Syndrome resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER 1 X YES 2 NO 1 ☐ Inputient X(XER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 9 O.C.M.E -15 - 92

DHMH-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON

JAN 16 1992

WHO COM

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PLETEO CAUSE OF OEATH (ITEM 27) (Type. Print)

32. REGISTRAR'S SIGNATURE

III Penn Street, Baltimore,

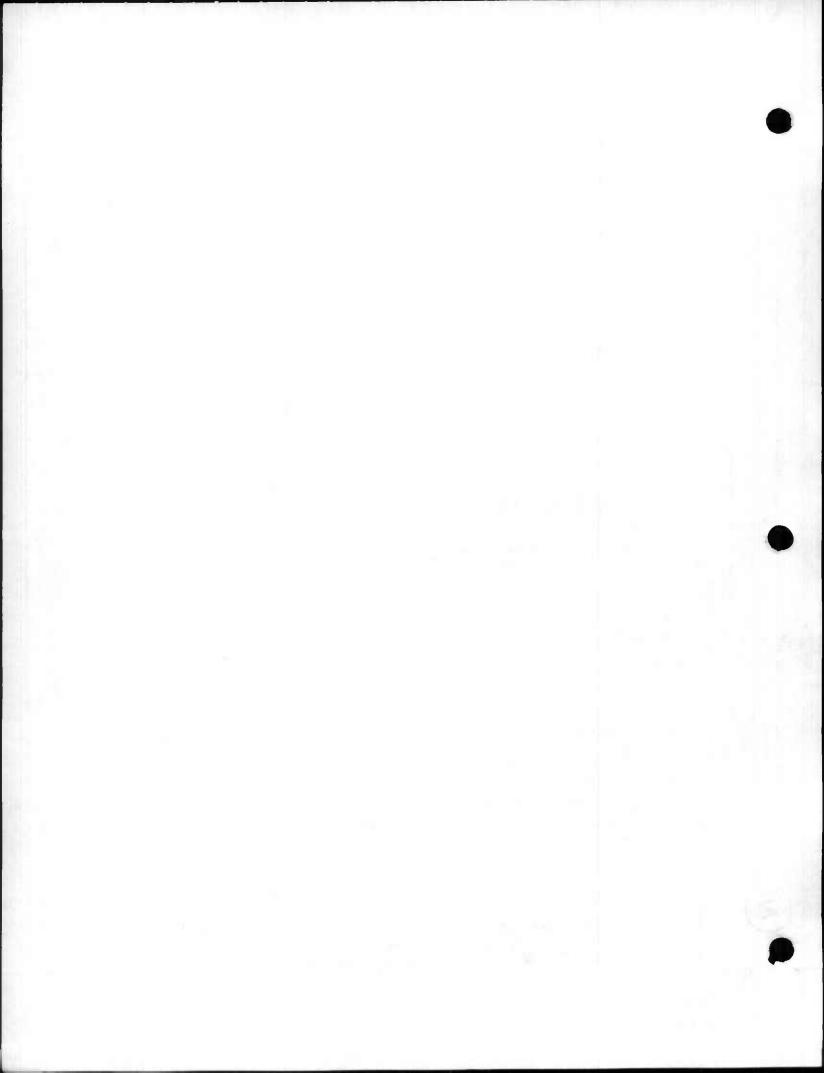
FOR STATE REGISTRAR

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TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	1, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	AN.	DREU	NF	RANK	lin S	SAM	UDE	ERS	7	MONTH D	*-	92	M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	214 78 19	13	1 🔯 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9/22/191:	2	Country)
	Se. FACILITY NAME (If not in	institution, give a	street and number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE			UNTY OF DE	rginia ATH
8	5706 P		ST.			T	A I	-TO.				A	A. CO.
5	RESIDENCE OF DEC	1										1101	1, 00,
DIRECTOR	Maryland	10b. COUNT	ne Arunde	1		Y, TOWN		TION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		ie Aluide	Т	Do	ltim							1 YES 2 1 NO
FUNERAL							101	f. ZIP COD			10g. CI1	IZEN OF W	HAT COUNTRY?
N.	5706 Pope	Stree						212				S.A.	
	1 Never Married 2	Married		YES 2 X		13.	WAS DEC	ENDENT (OF HISPAN In, Maxica	HC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divo	orced	IF YES, GIVE W	AR OR DATES			1 TYES	2 📉 NO	Specify	r.		Specify	White
ED	15. DEC	CEDENT'S EDU ly highest grade	ICATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	WIII CE
7	Elementary/Secondary (0		College (1-4 or 5 +		Do NOT u	work done se retired.)	during mo	st of worki	קר				
M													
COMPLET	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Maiden	Sumame)		
BE			Tames Mi	lton Sa	ınder	S			Mary	Helen Wil	llian	as	
0	19a, INFORMANT'S NAME (7	***************************************		198						loute Number, City or Tow	n, State, Zi	p Code)	
	Dallas Rose				3028	Lor	ena	Aven	ue	Baltimo	ce, N	fary1a	and 21230
	20a. METHOD OF DISPOSITA 1 → Buriel 2 □ Crematio	on 3 🗆 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of		OATE 20c. LO	CATION -	City or Tow	n, Stata
1 19	4 Donation 5 Other	. , , ,	and the same of th	cemelary, cre Cedar	Hi1					1-17 Balt	imor	e, Ma	aryland
		Service	24	-	1			ADDRE		ice Funeral	Hon	10 D 7	۸
	Hom	20/1	1 mas	nerous	ski	4	001	Ritc	hie	Hwy, Balti	more	S. Md	. 21225
	23. PART I. Enter the di	Iseacee, or	complications the	t coused the de	ath. Do r	not enter	the mo	de of dy	ing, such	as cerdiec or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Fin	nei		1	-	- n							Onset and Death
	disease or condition resulting in death)	+	Nespi out TO	ratory	ta	elus	L						
									-4-				
N	Sequentially list conditi	lone.	0.	al Vas		_	itt	when	~				
CERTIFICATION	If any, leeding to immediates. Enter UNDERLY	diete		OR AS A CONSECULAR (-								
음	CAUSE (Diseese or inju		C.	OR AS A CONSEC		cine	yara	0					
Ē	thet initiated events reaulting in death) LAS	т	Belat	ered lon	ALLA.	exto	144.	+	o of	enine o	l and	^	
S			Men	~ HULLY	MIL	Low	0				u		-
A.	PART II. Other algnifice		s contributing to	deeth but not re	esuiting i	in the un	deriying	ceuse (given in I	Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL	mer	Hall,	referde	ahun						1 TYES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											4		DF DEATH?
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)	me		
YSI	1 TYES 2 NO		1 - Inpetient 2 -	ER/Outpetient 3	□ DOA	4 Num		6 5 🗆 Re	sidencs 8	B ☐ Other (Specify)			
	1 Natural 5	Pending	28a. DATE OF (Month, Da	INJURY ry, Year)	28b. TIM	E OF URY	28c. INJI	URY AT	- 1	28d. DESCRIBE HOW II	NUBY OC	CURED	
BY		trivestigation			/	М		ES 2	NO				
	3 Suicide 8 0	Could not be determined	28s. PLACE Of building,	FINJURY — At hor etc. (Specify)	ne, farm, s	dreet, facto	ory, office			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ros	ute Number,
E .													
COMPLETED	29a, CERTIFIER 1 CERTI	IFYING PHYSI	CIAN: To the best of	my knowledge, des	th occurre	d at the ti	me, data	and place,	and due t	to the cause(s) and man	ner sa sta	ted.	
S	one) 2 MEON	CAL EXAMINE	R: On the basis of ax	amination and/or in	nvestigatio	n, in my o	pinion, de	outh occur	ed at the t	lime, data and place, and	due to th	te cause(a) (and manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	112	mmytrz	_			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (#	Month, Day, Year)
TO B			-47					D.	319	27	•	1-13	-92
	30. NAME AND ADDRESS OF	PERSON WHO	H. PEI	E OF DEATH (ITEM	27) (Type,	Print)	HA	MA	1001	DC LAN		BAC	170 0 2/225
	31. DATE FILED (Month, Day,)	° 1992	32. REGISTRAL	E OF DEATH (ITEM UC- E'S SIGNATURE WILLDON-R	indelle		-1/1	, -1 /0	. 0/0-	-11/0		14.	D ZIZZS



FOR STATE REGISTRAR

	REGISTRAR		CERTIFIC	ATE OF	DEATH	MENTA	REG. NO).		
	1. DECEDENT'S HAME (First, Middle, Las.		e			2. DAT	E OF DEATN	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 213 - 36 - 7458	5. SEX 8. AGE (In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTH 1th, Day, Year) 2/1939		8. BIRTHP Country	PLACE (State or Foreign
CTOR	9a. FACILITY HAME (If not institution, give Harbor Hospit		91	Baltin	R LOCATION OF I		2, 1333	9c. COUH		ATN
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUH Maryland ==	TY =====		own or Locat timore					- 1	10d. IHSIDE CITY LIMITS?
	100. STREET AND HUMBER 4014 - 8th Str	oot			ZIP CODE			-	EH OF WI	1 X YES 2 HO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 [X] NO	If yes, spe	21225 EHDENT OF HISPARITY CUban, Maxical Maxic	an, Puarto			S.A. 14. RACE Black, Specify	- American Indian, Whita, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5 +)	16a. DECEDEHT'S US (Give kind of work life. Do NOT use re	done during mos	N st of working	18	b. KIND OF BU	SINESS/INDL	JSTRY	WIII CE
COMPL	11th Grade 17. FATNER'S NAME (First, Middle, Last)		Mainten	ance Ch	18. MOTHER'S N	AME (First,	State		aryla	and
BE	19a. IHFORMANT'S HAME (Type/Print)	Glen Shreve	19b. MAILING AD	DRESS (Street ar	Myr	tle	Harri	-	Code)	
0	Janet Shreve	206.	4014 ·	- 8th S	Street		Baltim		Mary:	land 2122
	1 1 Suriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State Cem	etery, cremetory or other edar Hill	Cemete	TY D ADDRESS OF F	1-				Maryland
	23. PART i. Enter the diseases, or	ed CD	oris	Georg	ge J. Go Ritchie	nce Hwy	. Balt	imore	, Md	
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De									
I: MEDICAL C	PART II. Other algnificant condition	ns contributing to death bu	it not resulting in ti	ne underlying	cause given in	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	6	VERE AUTOPSY FINDIN WAALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (C					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR	FY AT IK?		SCRIBE NOW II	NJURY OCCU	IRED	
ETED 8	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)								rte Number,	
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the bast of my knowle ER: On the basic of examination	edge, death occurred et	the time, data a	and place, and du	to the ca	use(a) and man	ner as atated	f.	and manner as stated
TO BE C	295 SIGNATURE AND TITLE OF CERTIFIE	Ly Bry	po mis.	(Hon	29c. LICEHSE HU					Aofth, Day, Year)
	Change to phen (LeBonA	N (ITEM 27) (Type, Prin	-	HAND	Ven	S+	BA	Him	ore 2123
	31. DATE FILED (Month, Dev. Year)	PEREGISTRAN'S SIGNA			1114.00		41.	10.11	V ///	01 - 0100

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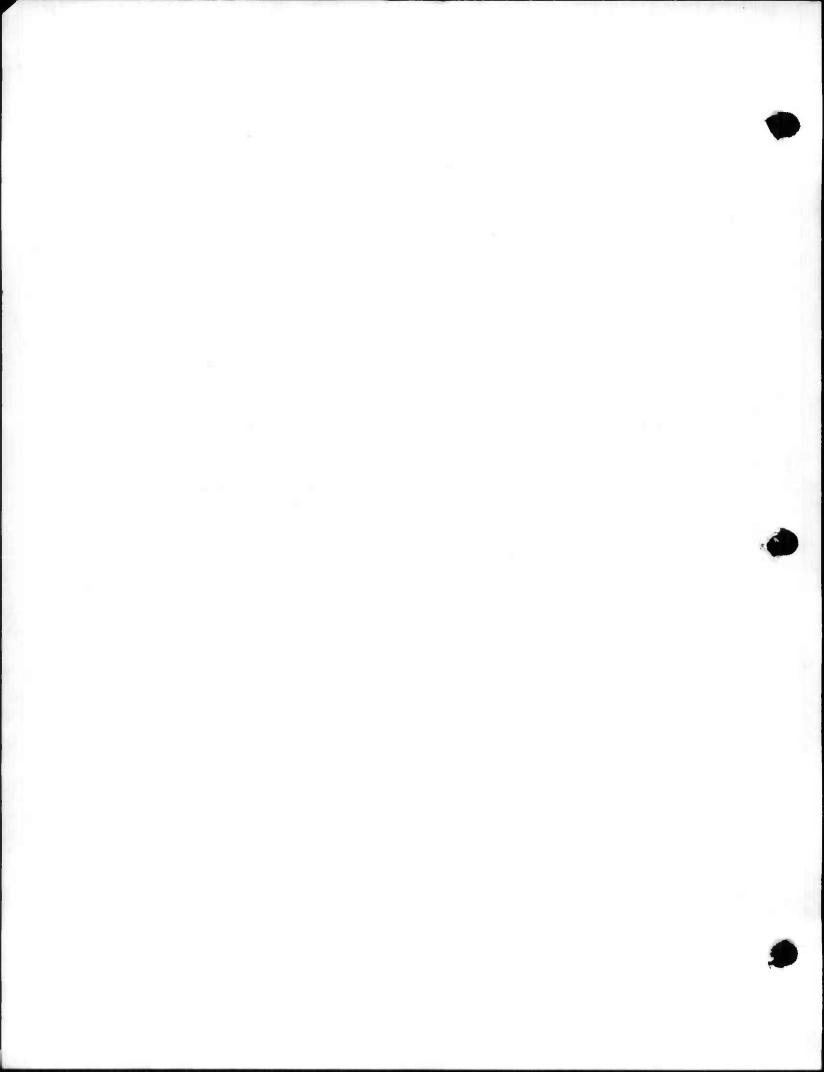
16

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1, 2, 3 should		
	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho		
The state of the s	e burial-transit		
The second second	or use as th		
and one or	e detached fi		t once.
	5 should b		notified a
the same and	director, page		r must be
	the funeral (oval.	al examine
	y filled in by	ition, or remi	the medic
-	nd completel	burial, crema	afic event.
200	physician a	ene prior to	ther traum:
200000000000000000000000000000000000000	the attending	Mental Hygi	niury, or o
	en signed by	State Dept. of Health and Mental Hygiene	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ALD O	has bee	Dept. c	23 8
	cate	State	Herm

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	L HYGIENI	E		20011
1, OECEOENT'S NAME (First,	Middle, Last)							OF DEATH			TIME OF DEATH
EDWARD	D.	SOMMERFI	ELD				MONT 1	н р а	y yı	PAR 2	640 a. M
4. SOCIAL SECURITY NUMB			GE (In yrs. les	at birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
240 22 70	00	1 M 2 D F			ONTHS DAYS	HOURS MIN.		h, Day, Year)		Country)	
219-32-72		41-	55		L OUTY TOWN	OR LOCATION OF O		-0736	9c. COUNTY		inois
St. Agne	s Hosp	ital			Balti	more (City		===		
10a, STATE	10b. COUNTY			10c, CITY, 1	TOWN OR LOCA	TION				10	Dd. INSIDE CITY
	Ann	e Arundel			adena					- 1	LIMITS?
Maryland 100, STREET AND NUMBER	AIIII	e Arunder		Pas					40 - 01717171		YES 2 NO
100. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
202 Easte	rn Roa					21122			U.S		
11. MARITAL STATUS	Section	12. WAS DECEDENT EVE FORCES? 1 ☑ Y				CENDENT OF HISPAI Decify Cuban, Maxico			or No— 14.	RACE -	- American Indian, Vhita, atc.
1 Never Merried 2 2 3 Divo	Merried	IF YES, GIVE WAR OF	R DATES			S 2 NO Specif		, , , , , , , , , , , , , , , , , , , ,		Specify:	
3 Widowed 4 Divo	rced	Reserves			<u> </u>						White
15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	/G	ive kind of wor	WAL OCCUPAT	ON ost of working	16t	. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0		College (1-4 or 5+)	life	. Do NOT use r	etired.)						
		4 years	S	ales M	anager			Cherry	Dale	Far	ms
17. FATHER'S NAME (First, M.	iddle, Last)					16. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
						Aum	usta	Remic			
19a. INFORMANT'S NAME (7)	i/pe/Print)	· · · · · · · · · · · · · · · · · · ·	10	b. MAILING A	DORESS (Street	and Number or Rural				rde)	
Marlene So		014	"								1122
		ETa			astern		rasa	dena, N		•	
20a. METHOD OF DISPOSITION 1 September 1 Comments 2 Comments	iON in 3 ☐ Remo	ovat from State	20b. PLACE other p.	OF DISPOSIT	tON (Name of co	metery, crematory or		20c. LO	CATION - City	or Town	, Stata
4 ☐ Donation 5 ☐ Other	(Specify)	Δ	Loude	on Par	k Ceme			Ba1t	imore	, Ma	ryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEK //				NO ADDRESS OF FA			***		
> L10-		V 4.		0		ge J. Go					
1 ,20	4	7-10	yu			Ritchie					
23. PART I. Enter the di ahock, or h	seases, or c eert fellure. I	complications that cau List only one ceuse o	n eech iin	eath. Do noi e.	anter the m	ode of dying, aud	ch aa car	diac or reapi	ratory arres	t,	Approximata interval Batwean
IMMEDIATE CAUSE (Fir											Onset and Deeth
diseese or condition resulting in deeth)	→ .	Marocare	dial	inforo	tion						minutes
readiting in deciting	,	Myocari	S A CONSE	QUENCE OF):	CIOH						
		Severe	ASCV	D							lvoars
Sequentially list condit if any, leading to imme		DUE TO (OR A									years
cause. Enter UNDERLY	NG										
CAUSE (Disease or injute that initiated events	iry	CDUE TO (OR A	AS A CONSE	OUENCE OF):							-
reaulting in death) LAS	т										
		d									+
PART ii. Othar aignifice	nt condition	e contributing to deat	h but not	reauiting in	the underlyi	ng cause given in	Part i.	24a. WAS AN			PERE AUTOPSY FINDINGS
								PERFOR		4	MAILABLE PRIOR TO COMPLETION OF CAUSE
					-			1X YES 2	□ NO		F DEATH?
										1	YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		1 -		PLACE OF DEATH (C	heck only o	ne)			
1 TYES 2 NO		1 Inpatient 2 ER/	Outpatient :		OTHER:	me 5 🗆 Rasidence	6 🗆 Oth	er (Specify)			
27. MANNER OF OEATH		28a. DATE OF INJU		26b. TIME	OF 28c. IN	JURY AT	28d. OE	SCRIBE HOW I	NJURY OCCUP	REO	
43	Pending	(Month, Day, Ye.	or)	INJUF		YES 2 NO					
a D a della	Investigation	26s. PLACE OF tNJ	URY — At b	ome, farm. stn	et, factory. off	ca	261. LO	CATION (Street i	and Number or	Rural Ros	ite Number.
	Could not be detarmined	building, atc. (Specify)				City	or Town, State)			
as according										: :	
Torroom only	TIFYING PHYSI	CIAN: To the best of my k	nowledge, d	eath occurred	at the time, da	ta and place, and du	a to the ca	iuse(a) and mai	nner aa stated.		
one) 2 MED	ICAL EXAMINE	R: On the basis of examin	ation and/or	investigation,	In my opinion,	death occured at the	e time, dat	a and placa, an	d due to the c	cause(a) (and manner as stated.
29b. SIGNATURE AND TITLE	тоубритични	1				29c, LICENSE NU	MBER		29d. DATE S	IGNEO /	Aonth, Day, Year)
	as.	0 -							•		
20 NAME AND ADDRESS	Deneou un	O COMPLETED SAME	05471.0		h-d-m	D30802			1-8	3–92	
30. NAME AND AODRESS	PERSON WH	O COMPLETED CAUSE OF	OEATH (IT	:wi 2/) (Type, P	mint)	000 0	A TO LY	A 1755	A T 777	-	
JEAN M. COL.	ANDREA	. M.D ST		VES HO	SPITAL	900 CA	ATON	AVE. E	SALTIM(JKE,	MD.21229
31. DATE FILED (Month, Day,) 100	32. REGISTRAR'S S	BIGNATURE	Pando 00							
JAN 1	0 199	C grand vai	140001/	1							



	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Benjamen J. Talley 2. DATE OF DEATH MONTH DAY 92 FAR 4:50 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 7 YRS. 8. AGR (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) Country) Va. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Va. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Va.
TOR	90. FACILITY NAME (II not institution, give street and number) 40 Ch Raven VA (tospitul Balt RESIDENCE OF DECEDENT
DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \boxtimes YES 2 \square NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 134 N. Denison St 2/229 100. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, atc. 17. YES 2 NO Specify: 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
TO BE	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION (Name of cometery, cremetory or other places) 20e, Location - City or Town, State 20e, METHOD OF DISPOSITION (Name of cometery, cremetory or other places)
	4 Donation 5 Other (Specify) SOUTS OF FACILITY (4 TO TEXT OF THE STATE OF FUNE ALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY (4 TO TEXT OF THE STATE OF T
	I blade wared March F. A Wast Swe
NC	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, súch as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of):
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
SIC	EXAMINER? 1 YES 2 NO 1 Nopetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
ВУ РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
	3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER 1 OEGIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER
-	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) LRVATH Balt More MO
	JAN 16 1992 Juna Jandon Andres

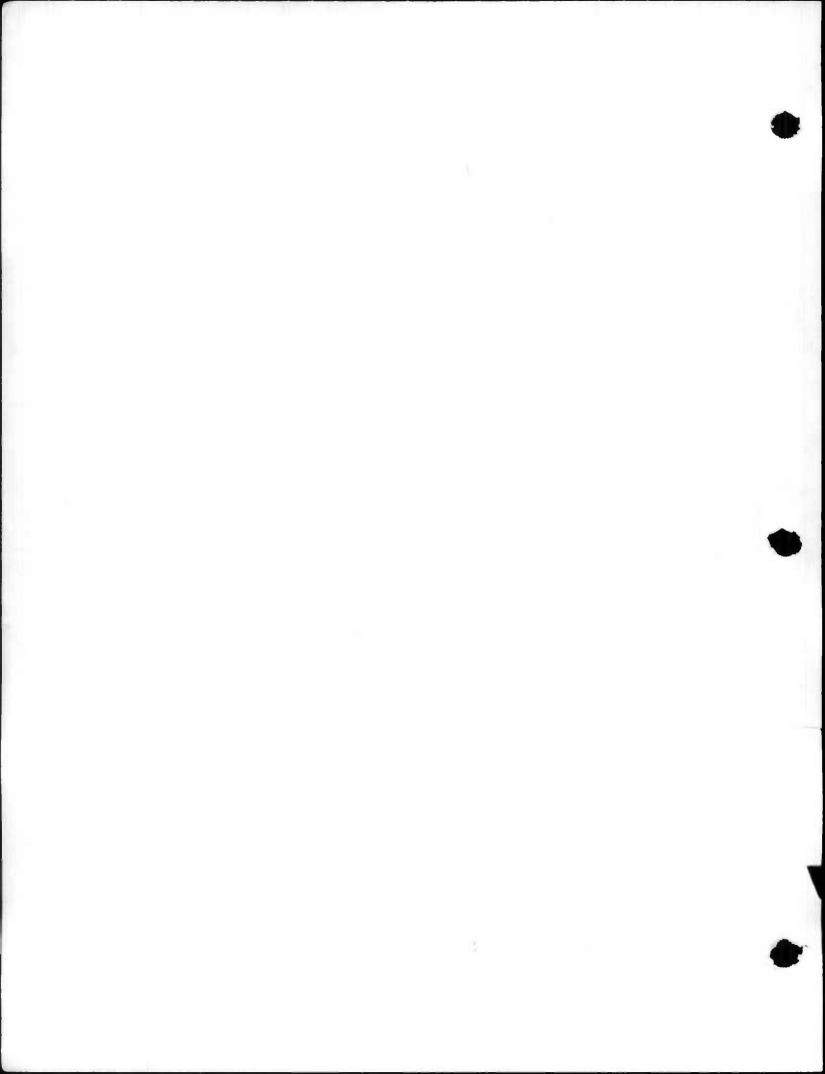
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Juns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

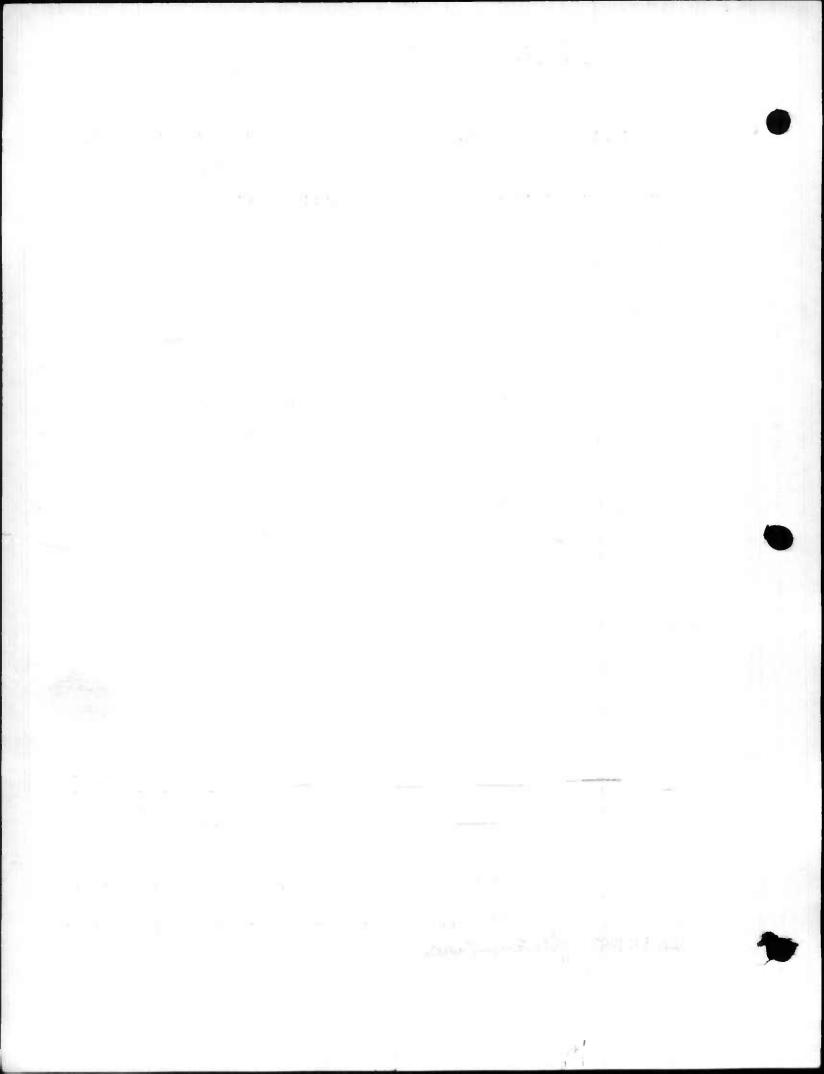
BALTIMORE, MARYLAND 21203-3146



ITEMS: 23(B) 27, 28a-f, PER MEO FILM G-729 11/29/95 t.t 92-0168-510

	1. DECEDENT'S NAME (First, Middle, Las	0			CATE OF			REG. N		3. T	IME OF E
	MILLIGAN	Terry	S. Mill	ligan	TERR	Y S.	O 1			YEAR	52
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	44.4	E OF BIRTH		8. BIRTHPLAC Country)	-
	312-04-0378	1 M 2 F	28	YRS.	MONTHS DAYS	HOURS MIN	4	-1-6	3	MAY	-0/1
œ	9e. FACILITY NAME (If not institution, give					OR LOCATION OF			9c. COUNT	TY OF DEATH	1
DIRECTOR	ST AGNES H	OSPITAL			ВА	LTIMOR	RE CI	TY			
E	10a. STATE 10b. COUN	VTY		10c. CITY,	TOWN OR LOCA	TION				10d,	INSIDE
	marryland			019	Wim	ore)					VES 2
RAL	100. STREET AND NUMBER	/-	ON		10	f. ZIP CODE	. 0		10g. CITIZE	EN OF WHAT	COUNTR
FUNERAL	11. MARITAL STATUS	rcene	RU.	,	- 2	2/20	27		4	1511	4.
	1 Never Merried 2 Merried		YES 2		If yes, sp	CENDENT OF HIS pecify Cuben, Mer	cicen, Puerto	N? (Specify 'Rican, atc.)	Yes or No- 1	14. RACE — Al Black, Whi	mericen te, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 YES	2 PNO Sp	ecity:			Specify:	20
9	15. DECEDENT'S ED (Specify only highest gra-	OUCATION de completed)	18e. DE	CEDENT'S U	SUAL OCCUPATION And Author Michigan	ON of working	16	b. KIND OF E	USINESS/INDU	STRY /	100
E	Elementary/Secondary (0-12)	College (1-4 or 5 a	- Ma	Do NOT use	retired.)	at or working					
COMPLETED	or esturbia		17	OM	mAL	ek					
	17 FATHER'S NAME (First, Middle, Lest)	n 11.	AN			18. MOTHER'S	NAME (First,	Middle, Meid	Surname)	-	
8	19a. INFORMANT'S NAME (Type/Print)	11/1/191				2141	117	114	reek		
5	m's toon	In The	191	LIDS	ODRESS (Street	and Number or Ru	rai Route Nur	ber, City or T	bwn, State, Zip C	(200e)	
	200. METHOD OF DISPOSITION	m cog	20b PLACE	ANDDATEOE	DISPOSITION (Na	-K MUE	0A	9//10	DOCATION - CH	nd.	01
	1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	moval from State	cemetery, cre	matery or other	ar place	p / Q.	21 0	200.1	BNIX	ty or lown, Si	tata C
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE		11 - 27		ND ADDRESS OF	FACILITY	5 /	11/0 20	1/1/	///
		1			1. 10.00	16/11 111		J /- 6	NOIN	7///	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. List only one cet	ae on each line		235	2 W /N ide of dying, a	uch as cer	Ace diac or rea	plretory arres	//o./	Interva
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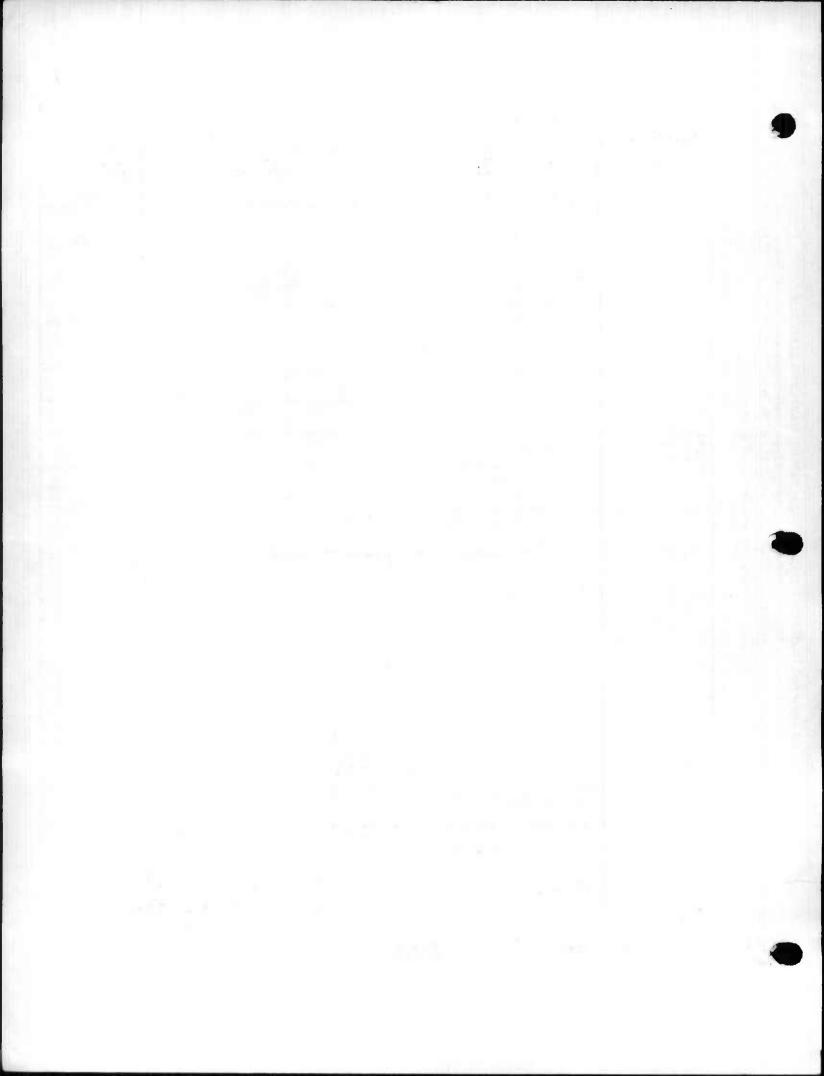


13146,	
BOX	
P.0.	
RECORDS,	
VITAL	
6	
DIVISION	

by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages moval. ical examiner must be notifiled at once.	TO BE COMPLETED BY FUNERAL DIRECT	10e. S1 10e. S1 11. MAA 1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 5 be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. P. IMME disearreaul If eny causs reaul If eny causs that I reaul 25. WAA 1 27. MA 1 29b. Si 29b. Si 30. NA

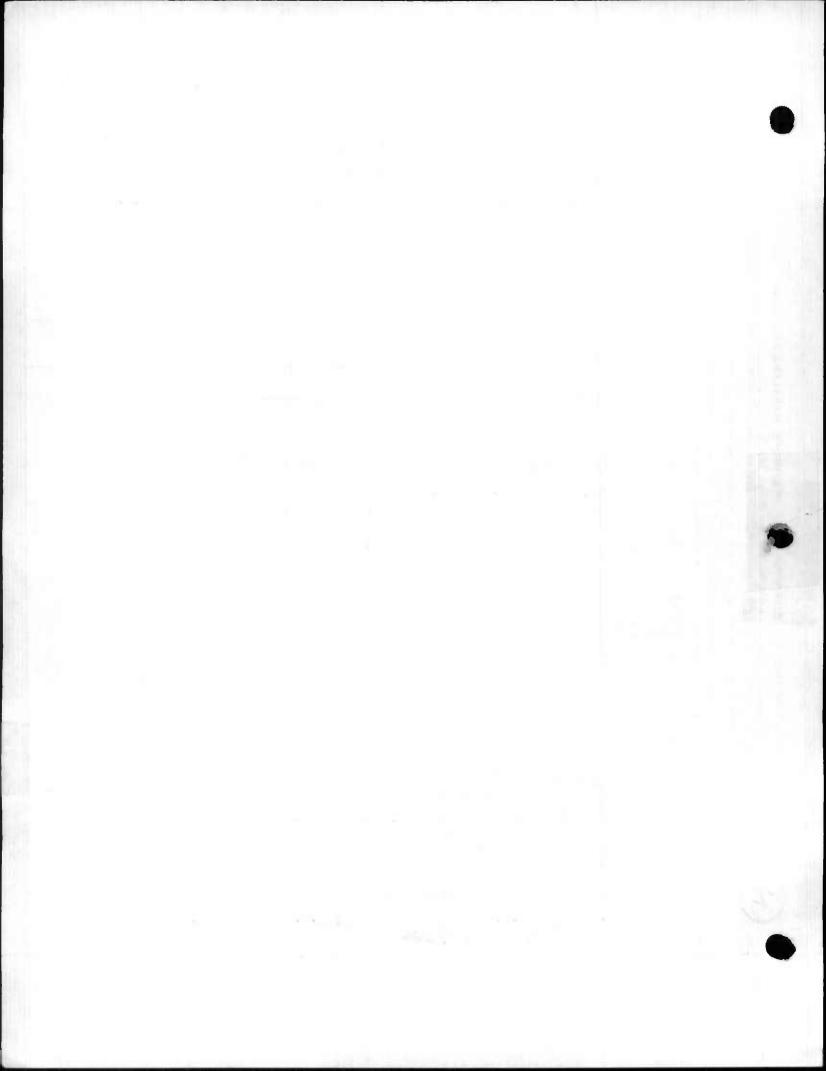
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEOENT'S NAME (First, Middle, Last)	F. 1		2. DATE OF DEATH	3. TIME OF DEATH
ALFRED H	IURLEY		MONTH DAY	YEAR 8:40 A M
4. SOCIAL SECURITY NUMBER 5.		INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
20305 5698 1	M 2 F 7 YRS. MON	THE DAYS HOURS MIN.	12 4/20	TY OF DEATH
Saint Joseph	Hospital 12	11		BALTIMORE
RESIDENCE OF DECEDENT	100		7430(1	
10e. STATE 10b. COUNTY	41	WN OR LOCATION		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	TIMBLE CO	Keysville	10a CITIZ	1 TYES 2 NO EN OF WHAT COUNTRY?
201d SPRING (1 T	21030		JSA
	. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA		14. RACE — American Indien, Black, White, etc.
1 Never Married 2 Merried	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 TES 2 NO Spec		Specify:
3 Widowed 4 Divorced				White
15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give kind of work of	done during most of working	16b. KIND OF BUSINESS/INDU	
Elementary/Secondery (0-12)	Mine Resta	,	Coal Mine	5
17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Malden Sumame)	
Albert Tur	LEY		IZABETH HI	11
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AOD	RESS (Street and Number or Rura	I Route Number, City or Town, State, Zip	Code)
tamily Keco	RD5			
20a. METHOD OF DISPOSITION ↑ Burlel 2 □ Cremation 3 □ Remove	I from State other place)	N (Name of cemetery, crematory or	1/201 -	
4 Donation 5 Other (Specify)	Dulaney VAIL			m/Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF F	I of Chimes Timonium,	9 /
CKobert (126	tioners	2325 York Re	. Timonium,	Nd 21093
	oplications that caused the deeth. Do not e t only one cause on each line.	enter the mode of dying, su	ch as cardiac or respiratory arre	Interval Retween
IMMEDIATE CAUSE (Finel	A			Onset and Death
disease or conditiona	DUE TO (OR AS DEONSEOUENCE OF):	ysenic an	d Mach l	my
	DUE TO (OR AS ACONSEQUENCE/OF):	0		
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):			
If eny, leeding to immediate cause. Enter UNDERLYING				
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):			
reaulting in death) LAST				
PART II. Other algnificant conditions of	contributing to death but not resulting in th	e underlying cause given is	n Part I. 24e. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			1 YES 2 NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	Check only one)	
		HER: Nursing Home 5 - Reeldence	a Cther (Specify)	
27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW INJURY OCC	UREO
1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	t, factory, office	28f. LOCATION (Street end Number City or Town, State)	or Rural Route Number,
29a. CERTIFIER				
(Check only	N: To the best of my knowledge, death occurred at			
	On the basis of examination end/or investigation, in			ceuse(e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	UMBER 29d, DATE	
	1 > ~	11/	-10	SIGNED (Mornth, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO	DAPLETED CAUSE OF DEATH STEM 27 CHANGE		508	1/15/92
30. NAME AND ADDRESS OF PERSON WHO CO	DE LEON, CONSTRUCTION OF ST			1/15/92
	32. REGISTRAR'S SIGNATURE			1/15/92





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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		
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1 - STATE REGISTRAR	STATE OF M	MARYLAND /		RTMENT				MEN	TAL HYGIEN		2	00815
1. DECEDENT'S NAME (First, Middle, Last)			7	TENI AN	LACE			MC	_	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		ENAV		IF UNDER	24 HRS.	7.04	TE OF BIRTH		92 8 BIRTH	11:20 AM PLACE (State or Foreign
219 20 5551	1 □ M 2 😡 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(M	onth, Day, Year)	0	Country)
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D		1/1/190	_	NTY OF DE	<u>nnsylvania</u>
MODELL ADIMORI III	COTTO	GGOGT LEET	017									
NORTH ARIINDEL HO	ISPITAL A	SSUCTATI	ON	(-	I.EN	BURN	IIE.			1	A . A .	COUNTY
NORTH ARINDEL HORSIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Ann			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	e Arunde	1	Pā	isade	na							1 TES 2 NO
10c. STREET AND NUMBER 1223 June Way 11. MARITAL STATUS					101	ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
1223 June Way						211	22			υ.	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARM	IED						GIN? (Specify Ye	s or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					2 NO			to Rican, etc.)		Specif	
1	1											White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	work done	CCUPATIO	ON st of working	ng		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)										
10th Grade		Ho	usev	rife					Home 1	Maker		
15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 10th Grade 17. FATHER'S NAME (First, Middle, Last)						18. MOT			st, Middle, Maiden	Sumame)		
F	nthony	Yaznik					Till	lie	Bile	nki		
19a. INFORMANT'S NAME (Type/Print)							or Rural	Route N	umber, City or Tow	m. State, Zij	Code)	
Dorothy V. Wrobe	21		1223	Jun	e Wa	У	Pa	asac	dena, M	aryla	and 2	1122
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem	oval from State	20b. PLACE AN	NODATE	OF DISPOS	ITION (Na	me of		0	ATE 20c. LO	CATION -	City or Ton	vn, State
4 Donetion 6 Dother (Specify)		Holy (cros	s Cei	mete	ry		1-	-15 Ba	ltimo	re,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					D AODRE		CILITY				
* Kukard	61	James)	-						Funera			
disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	OR AS A CONSEOL	JENCE O	F):	N	al	Sh	de	rich	on		
PART II. Other algnificant condition	d	death but not re	sulting	in the un	darlying	COURA	alven in	Dort i	24a, WAS AN	ALTTOROV	245	WERE AUTOPSY FINDINGS
									PERFOI	NED?		AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF 0	EATH (Ch	eck only	one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		S D P	aldance	6 🗆 0	ther (Specify)			
27. MANNER OF OCATH	28a. OATE OF	INJURY	28b. TIN	E OF	28c. INJ		I SIGNIFIC O	_	DESCRIBE HOW	NJURY OC	CUREO	
1 Natural 5 Pending	(Month, Da	ny, Year)	IN.	URY M		RK?	∃ мо	11000				
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	F INJURY — At hom	e, farm.	street, fact			1.114	281 1	OCATION (Street	and Alumba	or Provide	nute Mumber
4 Homicide 6 Could not be determined	building,	etc. (Specify)			_ ,,			0	ity or Town, State,	- THURSDA	or norm h	one munion,
	ICIAN: To the best of											
4		The second secon	- earry at 10	, as any 0	princin, di				ere and place, ar			and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	19		ns				36		D	29d. DAT	SIGNED	Month, Day, Year) 2-92
30. NAME AND ADDRESS OF PERSON WE KRISHAN K. SINGA	L, M.D./	1307 CRA	IN F		AY.	S.E.	/GLI	EN I	BURNIE.	MARY	LAND	21061
31. DATE FILED (Mogth, Pay, Year)	82 REGISTRAL	R'S SIGNAEURE	22									



DEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

MENAL DIFECTURE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

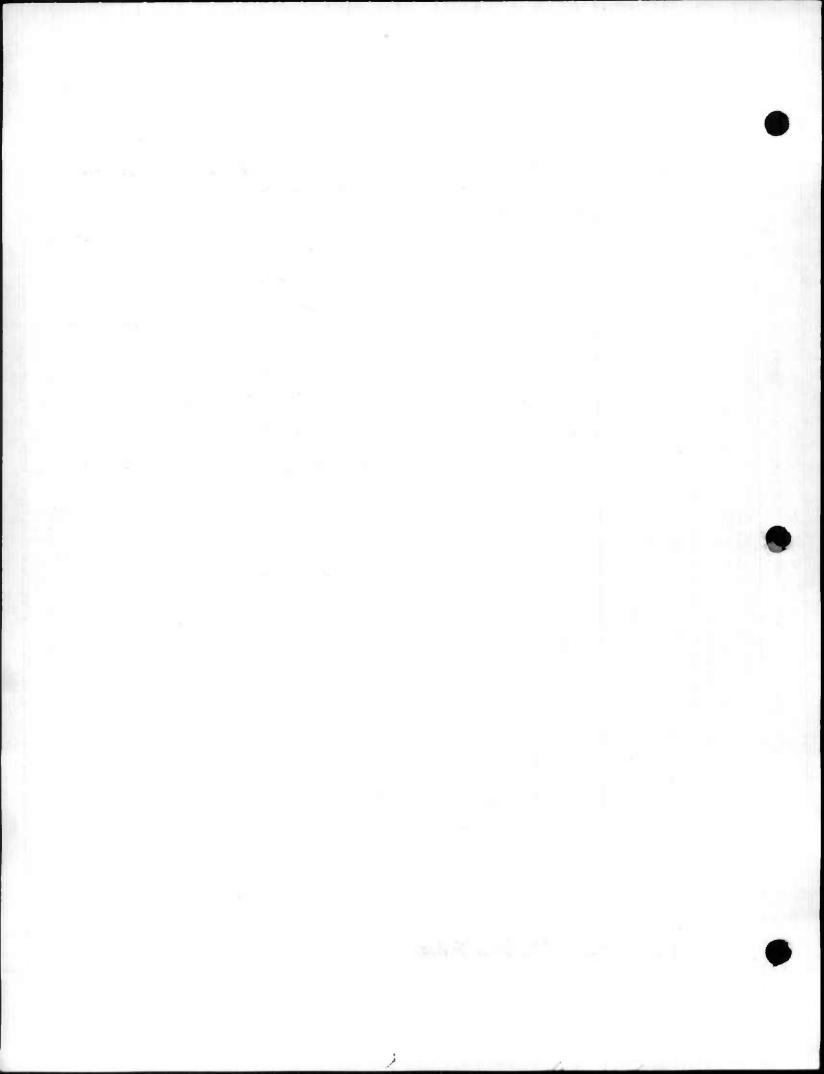
	1. DECEDENT'S NAME (First,	Middle, Last)						-		2. DATE OF DEA				3. TIME OF DEATH
	CARL		L.		WIT	LLIA	MS			MONTH () 1	1 3	10	YEAR	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. less		IF UNDE		IF UNDER	1 24 HRS.	7. DATE OF BIRT	Н	1 2		LACE (State or Foreign
	213-26-3515		1 X M 2 - F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	3-2-25	ar)		Country	
	9e. FACILITY NAME (If not ins	ot institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH					9c. COU	NTY OF DE	
JOHNS HOPKINS HOSPITAL BALTIMORE CITY														
DIRECTOR	RESIDENCE OF DEC	10b. COUNT			40. 00									
E	MD	1011 000111					Y, TOWN OR LOCATION 10d. II ALTIMORE 17					10d. INSIDE CITY LIMITS?		
1	10e. STREET AND NUMBER				Di	VE 11		f. ZIP COO	-					1 X YES 2 NO
F.	1640 NORMAL	AVENU	Ε				"	2121	_		- 1	-	U.S.A	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS			TEVER IN U.S. ARI	MED	13.	WAS DEC			IC ORIGIN? (Speci	fu Yee or			- Amaricen Indien,
BY F	1 Never Merried 2 X I 3 Widowed 4 Divor	Merried	FORCES? 1	NAR OR DATES	0		if yes, sp	ecify Cubs	n, Mexicen Specify:	, Puerto Rican, et	c.)		Black.	White, etc.
	- Aleman III							774				- 1	орвену	BLACK
E	(Specify only	highest grade	completed)	(Gi	ve kind of	USUAL O	CCUPATIO	ON ost of working	ng	16b. KIND O	F BUSIN	ESS/INO		
PLE	Elementary/Secondary (0- 8th	12)	College (1-4 or 5	4)	OUSE	KEEP	FR			JOHN	HOP	KIN	S H05	SPITAL
COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)			0002			40.000						
Ö	CHARLES HA									ME (First, Middle, M WILLIAM)		mame)		
) BE	19e. INFORMANT'S NAME (Ty)	pe/Print)		196	MAILING	ADDRESS	S (Street e			oute Number, City of		State Zin	Code	
5	SYLVIA WILL	IAMS		16	40 N	IORMA	L A	ENUE	/BAL	TIMORE,	MD	212	13	
	20e. METHOD OF DISPOSITION	ON Bom	wel tone State	20b. PLACE A						DATE 20	c. LOCAT	rion — i	City or Tow	n, State
	4 Donetion 5 Dother (Specify)		GARRIS	SON° 1	FORE	ST V	A CEI	METER	11/			1ILLS	
- 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENGER C	7		22.	NAME A	D ADDRES	SS OF FAC	ILITY				
	thre	-ci-	17	- Train		JW	M.C.	MARCI	H F.H	1./1101	E.	NOR1	H AV	ENUE
	23. PART I. Enter the dis	sesses, or c	ompilestions the	t caused the dea	th. Po r	not enter	the mo	de of dyi	ing, auch	aa cardisc or i	espirat	ory arm	est,	Approximata
	IMMEDIATE CAUSE (Fins		cist only one cat	ase on esch line,	7									interval Between Onset and Death
	disease or condition resulting in death)	> ,	HYPERT	ENSIVE	ART	ERI	OSC	LERO	TIC	CARDI	AVC	SCU	LAR	
			DUE TO	(OR AS A CONSEO	UENCE O	F):					D	TSE	ASE	
S I	Sequentisity list condition		DUE TO	(OR AS A CONSEO	HENCE OF	D.					15	101	AOD	
AT	If any, leading to immedicause. Enter UNDERLYIN	IG .		(on No A CONCLO	OLIVOL O	,,.								i
CERTIFICATION	CAUSE (Disease or Injury that initiated events	, J ,	DUE TO	(OR AS A CONSEO	UENCE O	F):								
E	resulting in death) LAST		J											
	PART II. Other significan	t condition	contributing to	death but not re	aultina i	im the re	و الماد والم		tille te o			L CO		
MEDICAL	CHRONI		LCOHOLI		outing .	m une un	derrying	rease g	haen in r		S AN AUT			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
			<u> </u>	511						— ¹ □ YE	S 2X	NO	6	COMPLETION OF CAUSE OF DEATH?
- H										-			1	YES 2 NO
¥	25. WAS CASE REFERRED TO	MEOICAL					28. PL	ACE OF DE	EATH (Chec	ck only one)				
Sic	EXAMINER?		HOSPITAL: 1 ☐ Inpatient 2X.	XER/Outpatient 3	DOA	OTHER	1 :			☐ Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	and (m)	28s. DATE OF (Month, D		28b. TIM		28c. INJ			28d. DESCRIBE H		IRY OCC	URED	
B	1XXNetural 5 Pr	ending vestigation				М		ES 2	NO					
		ould not be	28e. PLACE O building,	F INJURY — At hometer. (Specify)	ne, term, s	street, fact	ory, office			28f. LOCATION (St City or Town, S	reet end .	Number	or Rural Rou	ite Number,
<u> </u>														
鱼	29e. CERTIFIER (Check only one)	YING PHYSIC	CIAN: To the best of	my knowledge, dear	th occurre	ed at the ti	me, date	end place,	and due to	o the ceuse(s) end	manner	as state	d.	
COMPLETED	2 X XMEDIC	AL EXAMINER	R: On the basis of ex	camination end/or in	vestigatio	n, In my o	pinion, de	ath occur	ed at the ti	me, date and plec	e, end de	ua to the	ceuse(s) e	and menner as stated.
BE (29b. SIGNATURE AND TITLE C	OF CERTIFIER	00	0 .				29c. LICE	NSE NUMB	DER	29	d. DATE	SIGNED (A	Aonth, Day, Yeer)
0	Klem	M	1	mit "	W			0.C	. M . E	Ε	1	01	- 13-	1992
	30. NAME AND ADDRESS OF I			SE OF OEATH (ITEM	27) (Type,	Print)								-
-	DENNIS CHU 31. OATE FILEO (Month, Day, Ye	er)	40 DEGIGERA	200 0101111111		PENI	Y S	CREE	T BA	ALTIMOR	RE	MAR	YLAN	D 21201
	JAN 16 19	392	Julia Davi	dson-Randa	00									
			(1)		75.00									

TO THE MICENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAND	CERTIFICATE OF	DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, La		Ki Wilkens	2. D/	nte of Death	YEAR 4:44PM
4. SOCIAL SECURITY NUMBER 3.15-14	5. SEX 8. AGE (In yrs. 1	YRS. IF UNDER 1 YEAR MONTHS DAYS	IOURS MIN. (M	TE OF BIRTH orth, Day, Year) - 2 - 20	8. BIRTHPLACE (State or Foreign Country) BAITO
9a. FACILITY NAMÉ (if not institution, gi Maryland Gen	meral Hospital	96. CITY, TOWN OR Blat	LOCATION OF DEATH LMOTE City	9c. COUI	NTY OF DEATH
10a. STATE 10b. COU		10c. CITY, TOWN OR LOCATION	N		10d. INSIDE CITY LIMITS? 1 - YES 2 - NO
3200 Fern	dale Ave.	101. 2	2 1207	10g. CIŢI	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYEN IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II yes, speci	DENT OF HISPANIC ORI fy Cuban, Mexican, Puer ANO Specify:	GIN? (Specify Yes or No— to Rican, atc.)	14. RACE — American Indian, Black, Whita, stc. Specify:
15. DECEDENT S (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION 16a, (DECEDENT'S USUAL OCCUPATION (Give kind of work done during most to Do NOT use retired.)	of working	[16b, KIND OF BUSINESS/IND	USTRY J
17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	lie Will	Kens 196. MAILING ADDRESS (Street and	MArth	pt, Middle, Maiden Surname)	lliams
Mrs. Mary L.	HR. MSKAN S	HOIE, 25 TSt.	BAITO.		
1 Burial 2 Cremation 3 R 4 Donetion 5 Other (Specify)	lamoval from Stata Cametery, o	EAND DATE OF DISPOSITION (Name rematory or other place)	1. Cam 19	1 BALTO	Co. Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LUSS	22. NAME AND	ADDRESS OF FACILITY	5 STUNE	Home
immediate cause (Finst disease or condition resulting in death)	e. Massines	carofid	oleeding auter	20 mins. y bleedi	interval Between Onset and Dea
Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):	Wet	astos o,	phnode;
PART II. Other significant condit	tions contributing to death but not	resulting in the underlying o	ause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 [X)npatient 2 ER/Outpatient	OTHER:	E OF DEATH (Check only		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 **Sinpetiant 2	3 DOA 4 Nursing Home 28b. TIME OF 1NJURY WORK	5 Residence 8 Of		URED
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 30npatiant 2 ER/Outpatiant 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At the building, atc. (Specify)	3 DOA 4 Nursing Home 28b. TIME OF 1NJURY WORK	5	her (Specify)	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not 1 detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Winpetlant 2 ER/Outpetlant 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At he be be be building, atc. (Specify) WSICIAN: To the beat of my knowledge, of	3 DOA 4 Nursing Home 28b. TIME OF INJURY WORK 1 YES Ome, Iarm, street, factory, office	France S Or Or Or Or Or Or Or Or Or Or Or Or Or	her (Specify) PESCRIBE HOW INJURY OCC DCATION (Street and Number fly or Town, State) Couse(s) and manner as state	or Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not 1 detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 30npatlant 2 ER/Outpetlant 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At he building, atc. (Specify) VISICIAN: To the beat of my knowledge, of the building and the building an	3 DOA 4 Nursing Home 28b. TIME OF INJURY WORK 1 YES Frome, Iarm, street, factory, office death occurred at the time, date and investigation, in my opinion, deat	France S Or Or Or Or Or Or Or Or Or Or Or Or Or	her (Specify) DESCRIBE HOW INJURY OCC DESCRIPTION OCC DE	or Rural Route Number,

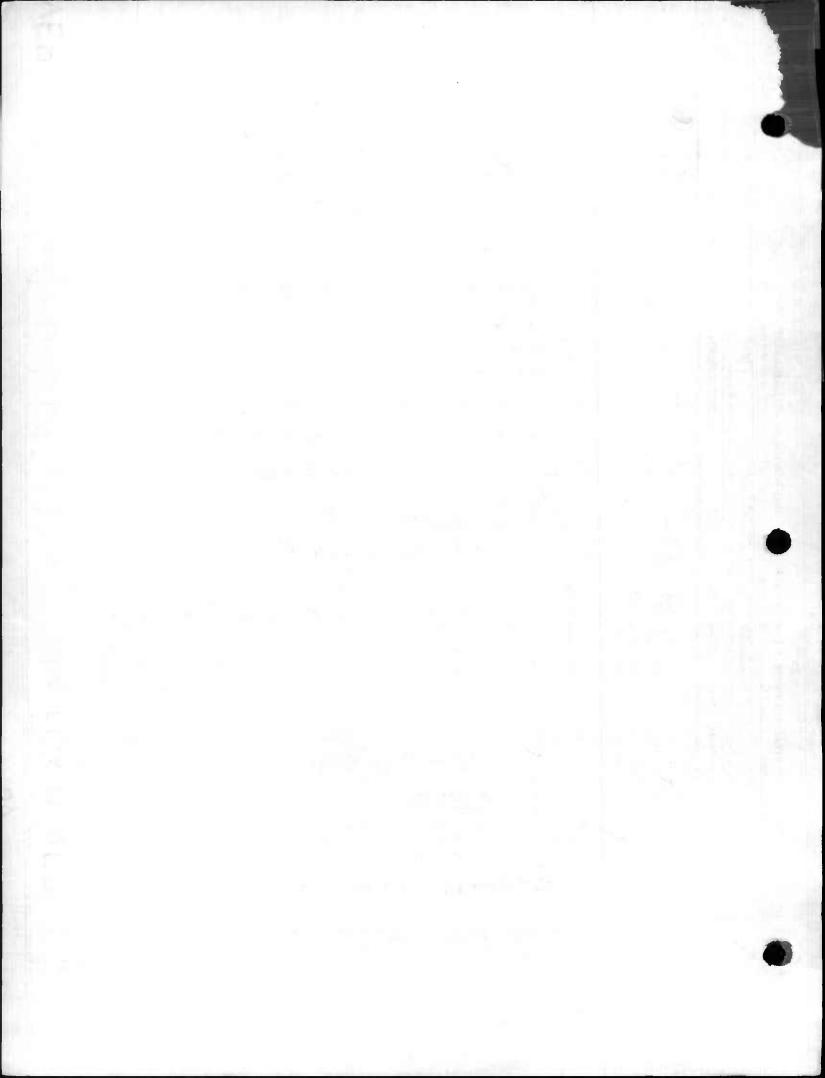




A 60100,	be executed within 24-mours after death. Page 6 may be retained by the hos	lan and completely filled in by the funeral director, page 5 should be detactive to burial, cremation, or removal.	sumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 68769,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept, of Heatth and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		00818
1. DECEDENT'S NAME (First, Middle, La Mary Sue	Wilkins				2. DATE OF DEATH DA	Y YEAT	3. TIME OF DEATH 23:13(PM
4. SOCIAL SECURITY NUMBER 220-36-6810 9a. FACILITY NAME (If not institution, girling) Church Hospi	1 M 2 PF 42	YRS. MC	E CHTY, TOWN O	HOURS MIN.		Co	ATHPLACE (State or Foreign untry) Outh Caroli F DEATH
Church Hospi RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
		Ba1	timor	ZIP CODE		10g. CITIZEN O	Y∏ YES 2 ☐ NO F WHAT COUNTRY?
10e. STREET AND NUMBER 1122 E. Prat 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	t Street 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	3 NO	If yes, spe		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.
15. DECEDENT'S (Specify only highest g		16e. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo-		16b. KIND OF BUS	SINESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Samuel R. 198. INFORMANT'S NAME (Type/Print)	Jackson	Last MAN DIO AL	DODESC COLLEGE	Lee	Bell He Route Number, City or Tow	mmingv	
Eric N. Jacks	on, Sr.	- 1.2-1 School 1 4 (4.5.)					Md 21225
IMMEDIATE CAUSE (Finel disease or condition	re. List only one cause on ea	ch iina.	t anter the mo		LS F/H Ba	ltimo	Silmor St. Te, Md 2121 Approximate Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A L	consequence of: a dec consequence of: consequence of:	00,0	Disea	mic Can	bio my e p	DRAY
PART II. Other aignificant cond	tions contributing to deeth bu	t not resulting in	tha underlyin	g cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNED OF DEATH	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 ☑ Inpettent 2 ☐ ER/Outpet	itlent 3 DOA 4	I ☐ Nursing Hon		6 Other (Specify)	IN HIRW COCKER	•
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJUNY OCCUPE	
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, str	rest, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of my knowle						rse(6) and manner so stated.
4 Homicide 6 Could no determine 29s. CERTIFIER (Check only one) 2 MEDICAL EXA	and the same of th		47 20	29c. LICENSE NU	IMBER 26594	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA			- J	203977	/	18/92
					1		
31. DATE FILED (Morth, Day, Year) 19	92 Juna Davis	TURE fandelle					





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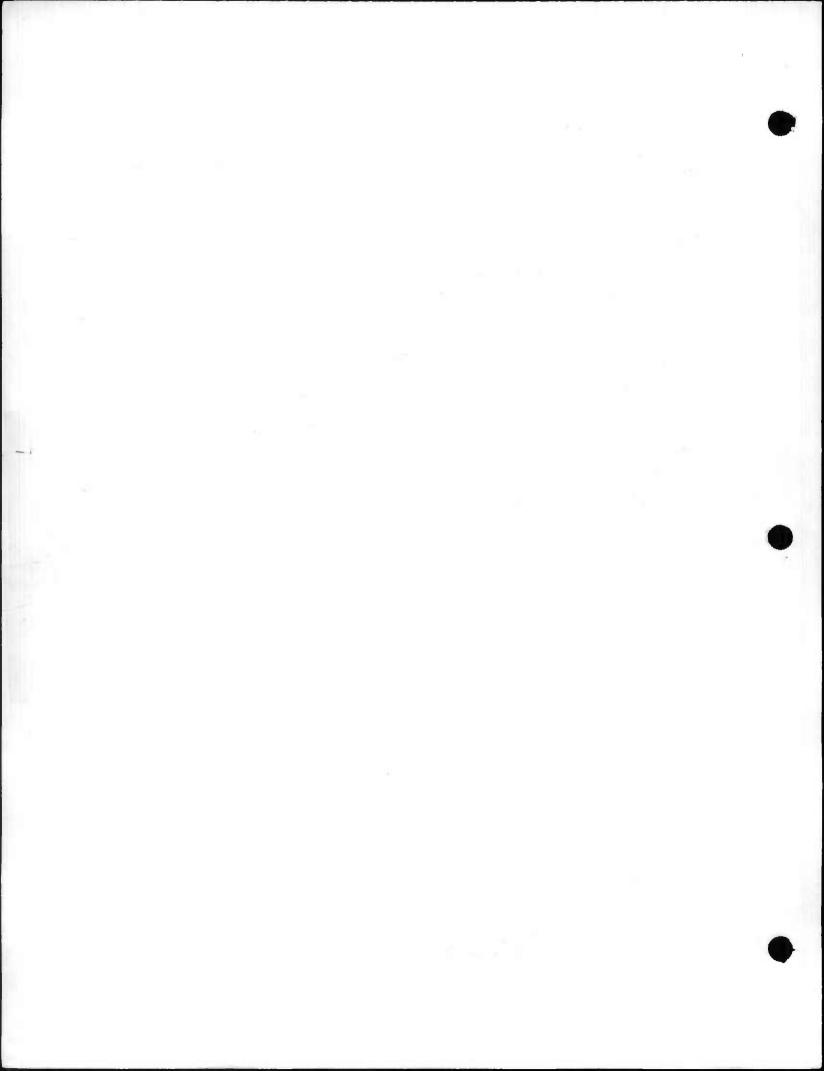
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

SIGIAN: The law requires that the death certificate be executed within 2 metals after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the stan part of Health and Mental Hotele prior to burial, cremation, or removal.	cal examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burial-trans has fead within 72 hours after death with the State pear of Health and Mertal Houlee pilor to burial, certified. Certificate	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

00819 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLAND	D / DEPARTI	MENT OF HI	EALTH AND N DEATH	MENTAL HYGIENE REG. NO.	92	00819
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Charlotte Wagn	ier				MONTH DAY		3:00 A M
		SEX 5. AGE (In yrs	. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	219 30 1359 16	□ M 2 □X F 73	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	S WA	
	9e. FACILITY NAME (If not institution, give street a		9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	011101
œ l	Greater Baltimore	Medical Cent	er	Balt	imore		Balti	move
DIRECTOR	RESIDENCE OF DECEDENT				111101 C		Daici	IIIOTE
2	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	MARYLAND BALT:	MORS	L01	16 66	2250			1 TES 2 NO
¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
<u> </u>	12432 1 1ANOI	2 KOAD			21099		U,	SA.
FUNERAL		WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED NO			IC ORIGIN? (Specify Year, n, Puerto Rican, etc.)	or No — 14. RAG Ble	CE American Indien, ick, White, etc.
BY I		IF YES, GIVE WAR OR DATES			2 NO Specify		Spe	city:
	15. OECEDENT'S EDUCATION	NI 100	. OECEOENT'S US	NIAL OCCUPATIO	A1	16b. KIND OF BUS	INCOC/INIDI ICTOV	34112
COMPLETED	(Specify only highest grade comp	pieted)	(Give kind of wor	k done during mos	n it of working	100. KIND OF BUS	INESS/INDUSTRY	1
ا چ	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	0	Home				1
Ž	17. FATHER'S NAME (First, Middle, Lest)		1 (1	2401.6	10 MOTHER'S NA	ME (First, Middle, Maiden S	Sumama)	
	C. C. C. C. T.S.	TEDMON			TO (Son Bon	e C	
B	19e. INFORMANT'S NAME (Type/Print)	1 1171 1711	10h MAILING A	DOBESS (Street a	of Number or Burel E	Route Number, City or Town	State 7in Code)	
2	Family Pic	2000	ISIL MAILING A	00 m 0		e C	, State, 240 0000)	
	20e, METHOD OF DISPOSITION	ORUS	ACE OF DISPOSIT	ION (Name of can	ADOV	200 100	CATION — Cify or	Town State
	1 ≤ Buriel 2 □ Cremation 3 □ Removal		er place)	10 1 1 c V	Dem C			(7)
	4 Donetion 5 Other (Specify)	E D	THUTAL	22 NAME AN	D ADDRESS OF FA		milion	110.
		1		IVAC	D ADDRESS OF FA	TOFCHIM	22	
	House to	1, and		2325	YORK	ROAD - II	700 U	\sim
	23. PART I. Enter the diseases, or companock, or heart fellure. List			t enter the mo	de ot dying, suc	h as cerdiec or respir	ratory errest,	Approximete Interval Between
ł	IMMEDIATE CAUSE (Finel	Only One Capse On eech	mre.					Onset and Death
	disease or condition resulting in deeth)	Pulmonary	Emboli					? 1 hour
	itesuting in deetil)	DUE TO (OR AS A CD	NSEQUENCE OF):					1000
z		Congestive						Years
일	Sequentially list conditions, it any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):					
S	CAUSE (Disease or Injury							
분	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					i l
CERTIFICATION	d							
	PART II. Other algnificant conditions of	ontributing to deeth but r	not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS
CAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TX YES 2	□ NO	OF DEATH?
Σ						_	ŀ	N☐ YES 2 ☐ NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 EN	ACE OF DEATH (Ch	eck only one)		
$\overline{0}$		OSPITAL: A Inpatient 2 - ER/Outpatie		OTHER:				
448	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME			6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
ā	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? YES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	At home, farm, at			281. LOCATION (Street a	and Number or Run	al Route Number,
B	4 Homicide Getermined	building, etc. (Specify)				City or Town, State)		8 C SEEMS
9	29e. CERTIFIER						101127-11111	
COMPLETED	(Check only	N: To the best of my knowledg						a(a) and manner or stated
8	2 MEDICAL EXAMINER: 0	On the basis of examination as	d/or investigation	, in my opinion, c	estn occured at the	time, date end piece, en	d due to the caus	s(a) and manner on sured.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	LLX			29c. LICENSE NUI			ED (Month, Day, Year)
TO B	DOW N	gin \			D383	52	▶ 1/8/	92
F	30. NAME AND ADDRESS OF PERSON WHO CO		(ITEM 27) (Type, I	Print)				
	Beth R. Schwar	rtz, M.D.						
	31. DATE FILED (Month Day Year)	32. REGISTRAR'S SIGNATU	IRE					
	JAN 16 1992	Frina Davidson A	inde Be			7.46		





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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

HOSPITAL DR ATTENDING PHYSICIAN: The law requires

this certificate has been with the State Dept. or with the State Dept. or Item 23 sl

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TO THE FUNERAL DIRECTOR: AF be filed . Ithin 72 hours after de IMPORTANT: If Item 28 Is r

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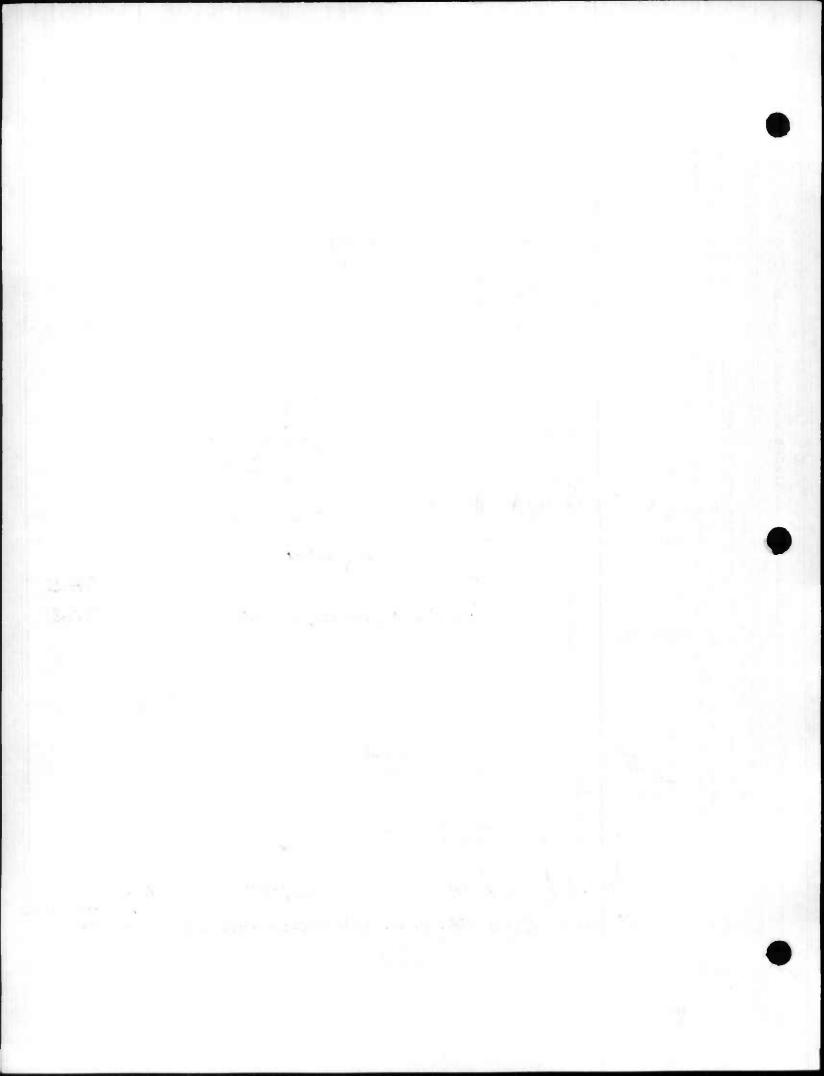
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN Madeline H. Wurzberger DAY YEAR 5 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

3. TIME OF DEATH AM 100 6. BIRTNPLACE (State or Foreign 216-32-6429 1 🗌 M 2 😾 F 89 10/16/02 MD 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridan Nursing Center Fusting Ave DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore Catonsville t YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 311 Oak Forest Avenue 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. ORCES? 1 YES 2 YES, GIVE WAR OR DATES FORCES? 2 X NO 1 Never Married 2 Married 1 TES 2 NO Specify 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most) (Specify only highest grade comp Homemaker Elementary/Secondary (0-12) College (1-4 or 5+) own hame 17. FATNER'S NAME (First, Middle, Lest) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Thomas Harrow Jennie Buhlman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Wurzberger 922 Tyson Street Balto. 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata Loudon Park Oonation 5 - Other (Specify) /17 Baltimore 21. SIGNAJURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 13 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or heart fellure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese Dr condition recuiting in death) 3 HRS Sequentially liet conditione, DUE TO (OB if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part f. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 4 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 - Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF OFATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated. (Check only one) 2 ___MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND 29d. DATE SIGNED (Month, Day, Year) 1/16/92 O COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) ELLICOT CITY IMO M.O. 4801 DORSEY HALL DR JR. 31. DATE FILED (Month, Day Year 32. REGISTRAR'S SIGNATURE Signature - Pandall 1992



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92 00821 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH CHESTER WIERZBICKI 3. TIME OF DEATH DAY /2 92 CHESTER WIERZBICKI 5:10 PM ?. DATE OF BIRTH 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS POLAND 215-09-3387 XX M 2 D F 0 9 / 2 1 / 0 7 YRS. 9-21-07 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital corp. Baltimore City RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 503 S. BELNORD AVENUE 21224 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO tt. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 BY Specify 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 3 YEARS LONGSHOREMAN MARITIME 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN WIERZBICKI BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. DOROTHY PAUL 1011 ROSEDALE AVENUE BALTO. MD. 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 [XBurial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) elery of the STANTSTAUS CEMETERY 1-1 BALTO. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RACZOROWSRIACITUNERAL HOME 2525 FLEET STREET BALTO. MD. 21224 Letter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert feliure. List only one cause on sech line. Approximate interval Between **IMMEDIATE CAUSE (Final** Onset and Deeth disease or condition CONGESTIVE HEART FAILURE recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CHROME OBSTRUCTIVE PREMOVERY DISEASE CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING LOSE FNEUMONIA CEFT LOWER CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE ADRIC STENOSIS 1 - YES 2 NO OF DEATH? CHRONIC LYMPHOCYTIC LEVKEM M 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1) Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Reeldence 6 □ Other (Specify) 27. MANNER OF DEATH Natural 2 26m. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending t YES 2 NO BY Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner es stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Dolland

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHURCH HOSPITAL

32. REGISTRAR'S SIGNATURE Julia Davidson



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MICHAE O. RESSE, MD,

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31. DATE FILED (Month, Day, Year)

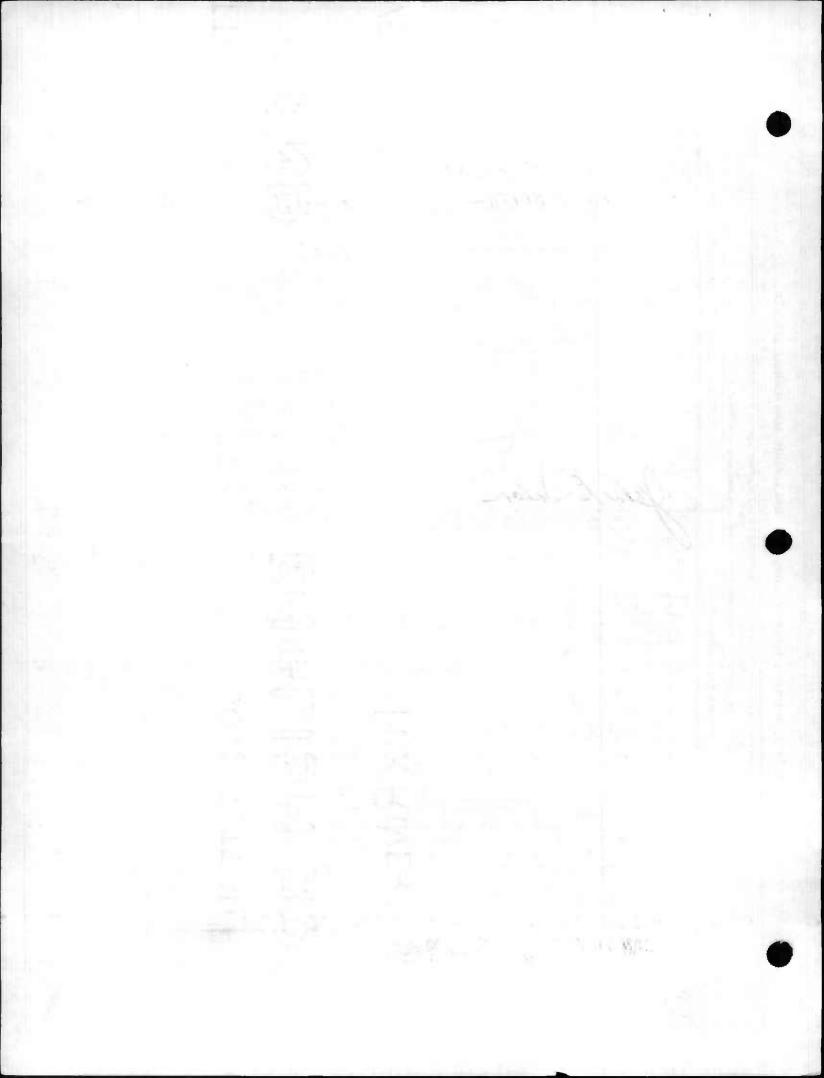
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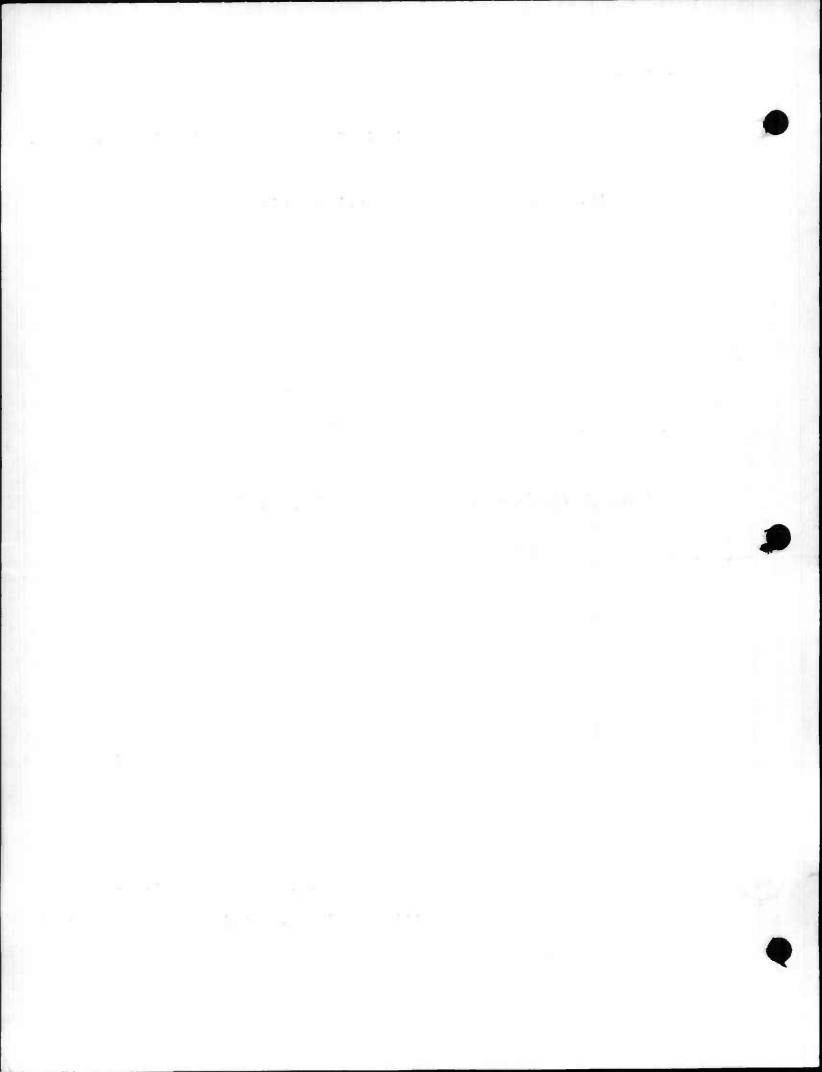
	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	00022					
OR	1. DECEDENT'S NAME (First, Middle, Last)	TOUN T WAR		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX	0		1 14	92 3 25 A M					
	217-141-2046 1 DM2		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month), Day, Your)	8. BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give street and nur	mber) 91	b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH					
	ST. JUSEPH HOSP	ITAL	TOWSON,	m.D	BAlts more					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, T	TOWN OR LOCATION		10d. INSIDE CITY					
DIR	MD BALTIMO	RE BA	LTIMORE		LIMITS? 1 ☐ YES 2XXNO					
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?					
NEF	8423 LOCH Raven B.	1vd. DECEDENT EVER IN U.S. ARMED	21204		USA No. 14. RACE — American Indian, Black, White, etc.					
ВУ	1 Never Married 2 Married FORCE	ES? 1 YES 2 NO B, GIYE WAR OR DATES		ecify Cuben, Maxican, Puerto Rican, etc.) Black, Specify Specify						
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	BUAL OCCUPATION k done during most of working etired.)	TION 16b. KIND OF BUSINESS/INDUSTRY nost of working						
E	Elementary/Secondary (0-12) College (Electr		Baltimore City						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE C	John J. Ward		Mary	Mary Lamp						
TO B	19a. INFORMANT'S NAME (Type/Print) Bob Ward		Orlando Road	Route Number, City or Town, State, Zip Code) Baltimore, MD 21234						
	20g. METHOD OF DISPOSITION 1	20b. PLACE ANO DATE O			ON — City or Town, Stata					
	4 Donation 5 Other (Specify) Dulaney Valley Memorial Gardens 1/17 Timonium, MD									
1.9	22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Baltimore, MD									
-	your 10 Sale	~	8521 Loch							
	23. PANT i. Enter the diseases, or complicati shock, or heert fellure. List only		enter the mode of dying, aud	ch as cardiec or respirate	ory arrest, Approximate Interval Between Onset and Death					
	disease or condition Plann effect & Pulmonary facture									
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)	c a jacomon	- Januare	0					
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	be to to has a consciouence of:	u Frhen by	16665	weeks					
IFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):	Characte	M dediens	~					
ERT	resulting in death) LAST	d.								
SAL C	PART II. Other algnificant conditions contrib		the underlying cause given in	Part 1. 24a. WAS AN AUT PERFORME						
SICA	Ho preumother	COMPLETION OF CAUSE OF DEATH?								
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N.	HO Penghand Vascular di seuse									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DOO 1 Very perfect 2 EN/Outpetent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
HYS	27. MANNER OF DEATH 28a.	DATE OF INJURY 28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED					
ВУ Р	1 Naturel 5 Pending (Month, Day, Year) INJURY WORK? Accident Investigation 1 YES 2 NO									
	3 Suicide a Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.									
CO	2 MEDICAL EXAMINED: ON THE	pasia of examination and/or investigation,								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ha:	29c. LICENSE NU	7 7 7	29d. DATE SIGNED (Month, Day, Year)					
7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. DATE FILED MONTH, DON JOSEPH STRADES SIGNATURE									
	JAN 16 1992 Janua Davidson Rondole									





DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within smou	we requires that the death certificate be executed within a findure after death. Page 6 may be retained by the hospital or attending physician.
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f Poous after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ept. of Health and Mental Hygiene prior to burial, cremation, or removal.
I flem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	idical examiner must be notified at once.

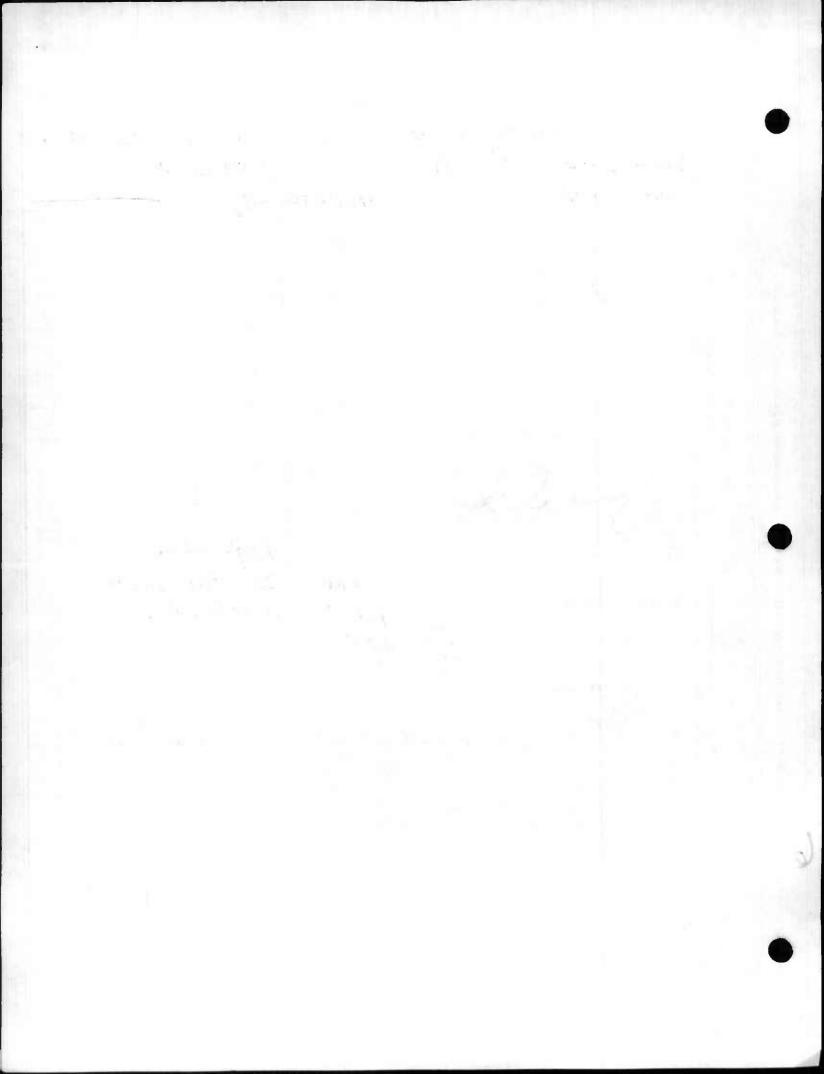
	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)	OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	ATE OF DEATH		3. TIME OF DEATH	
	BARBARA	J.	WIL		LLIAMS	LIAMS		0 1 1 1 1		YEAR	5:50 P.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIRTH	Ť	B. BIRTHE	PLACE (State or Foreign	
	213-66-6622	1 🗆 M 2 💢 F	38	YRS.	MONTHS DAYS	HOURS	MIN.	June 8,19	953	Country	aryland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION	OF DEA			ITY OF DE		
OR	3008 HAMILTON	AVE			BALTIN	ORE (CITY	Y				
ויי	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	rv.		T -0- OII	TY, TOWN OR LOCA		011					
E I		1									10d. INSIDE CITY LIMITS?	
اد	Maryland 100. STREET AND NUMBER			Do		timore City 100 ZIP CODE 100 CITIZEN OF WH				1 X YES 2 NO		
RA	3008 Hamilto	n Ava			T I	21214	1			S.A.	HAT COUNTRY?	
COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS	1	IT EVER IN U.S. AR	MED	13 WAS DE		•	Company (Presile, Ver				
	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 1. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade	JCATION (a completed)	16a, DE	CEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	SINESS/INDI	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) ///0.	. Do NOT us	ise retired.)) most of working						
MP	10 yr's		Ui	nemp.	loyed							
	17. FATHER'S NAME (First, Middle, Last)	C+.						E (First, Middle, Maiden				
BE	Victor L 19a. INFORMANT'S NAME (Type/Print)	. Sto	oneham				i leer		E.		Nice	
70	Mrs. Eileen E. St	onoham	198				Rural Roo	ute Number, City or Town	n, State, Zip	Code)		
	20a. METHOO OF DISPOSITION	Offerram		_	me as #1			1	- 11 mg			
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cometery, crei	matory or o	OF DISPOSITION (A		1451	.1	CATION — C			
	Burtel 2 K Cremetton 3 Removal from State Commetter, cremetery, cremetery or other place) Hilltop Services 1/15/92 Towson, MD.								04044			
	Day 1 V 1	I + /	L. FIGI LOW	JK,∪I •								
	TOUT L. FI	arport	M		Leona	rd J.	Rucl	k,Inc. 53	305 H	arfo	rd Rd.	
	23. PART I. Enter the diseases, or complications the ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Intervel Batwee									Approximate Intervel Batween		
	IMMEDIATE CAUSE (Finel disease or condition	disease or condition Thronic Alcoholism									Onset and Death	
	resulting in death) e. Chronic Alcoholism Due to (or as a consequence of):											
7	DOE TO LOT AS A CONTRECUENCE OF J.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	If any, leading to immediate										
CA	cause. Enter UNDERLYING	CAUSE (Disease or Injury \$ c.										
H	that initiated events											
ËR	d											
LC	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
DICAL	PERFORMED? AMAILABLE PRIOR TO											
E								1 X YES 2	□ NO	,	OF OEATH?	
≥								-			1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?	HOSPITAL:	ER/Oulpatient 3	□ DOA	OTHER:				1 200	TAMT	LTON AVE	
¥.	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. T/M	E OF 28c. IN.	JURY AT		28d. DESCRIBE HOW IN			LION AVE	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly. 19ar)	INJ		ORK? YES 2 N						
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 2						281. LOCATION (Street and Number or Rural Route Number,					
ETE	4 Homicide detarmined City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.											
OM	one) 2 XMEOICAL EXAMINER: On the basic of axismination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
TO B	Alonald Fr Wright MD O.C.M.E. DO1-12-19											
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
ł	DONALO G. WRIGHT MD DOME 111 PENN STREET BALTIMORE MARYLAND 21201 31. ONTEFILED (MONTE) Day You's Day You											
	JAN T . 1995	guna varide	son-panae	No.								



BALTIMORE, MARYLAND 21215-0020

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A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no
SION	TENDING
>	A
	0
	HOSPITAL

	ENE	00824							
	1. DECEDENT'S NAME (First, Middle, Last)			SE WALDERMAN 2. DA				3. TIME OF DEATH 7:200 M	
PLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 2/4 - 82 - 5736	1 - M 2 1 F 8	(last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT Coun	HPLACE (State or Foreign MARYLAND	
	9a. FACILITY NAME (If not institution, give street and number) SI MAT HOSP RESIDENCE OF DECEDENT			BALTI	9c. COUNTY OF	DEATH			
	10a. STATE 10b. COUNTY MARYLAND 10a. STREET AND NUMBER		10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 11 YES 2 NO		
	6237 BERKELEY AVE.				ZIP CODE		10g. CITIZEN OF USA	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			13. WAS DEC	ENDENT OF HISPA polity Cuban, Maxie 2 NO Spec	Biec	e or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
	(Specify only nighest grade completed) ((ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working a. Do NOT use retired.) HOUSEWIFE			16b. KIND OF BUSINESS/INDUSTRY		
E COMPL	17. FATHER'S NAME (First, Middle, Last) ISAAC ROLL			16. MOTHER'S NAME (First, Middle, Malden S REBECCA KATZ				AT HOME	
TO BE	19a. INFORMANT'S NAME (Type/Print) JOSEPH WALDERMAN		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6237 BERKELEY AVE. BALTIMORE, MD 21209						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) OHEB SHALOM MEM. PARK 1/14/92 REISTERSTOWN, MD								
	22. NAME ANO ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD 21215								
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused that st pnly one cause on each lead to the cause on each lead to the cause of the cau	ana. 3 puli	1- ARR	eda of dying, su	Resp.	piratory arrest,	Approximate interval Between Onset and Death	
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorificant conditions FILLY IN ONE CHF	ot resulting i	n tha undarlying	cause given in	N AUTOPSY 24b DRIMED? 2 NO	MED? AMILABLE PRIOR TO			
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)								
ВУ РН	27. MANNER OF DEATH 1 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? 28d. DESCRIBE HOW INJURY OCC					INJURY OCCURED		
ETED	3 Suicide 5 Could not be detarmined 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						loute Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	-57A	29c. LICENSE NUMBER			29d. DATE SIGNED (Month, pay, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYDO. PHINT) OR. M. A. M. AH'M OVD, DEP'T. FINT. MED., SIN. AT HOSP., 21215								
	31. OATE FILEO (Month, Day, 16ar) 32. REGISTRAR'S SIGNATURE 34. N. 16 1997 34. REGISTRAR'S SIGNATURE								

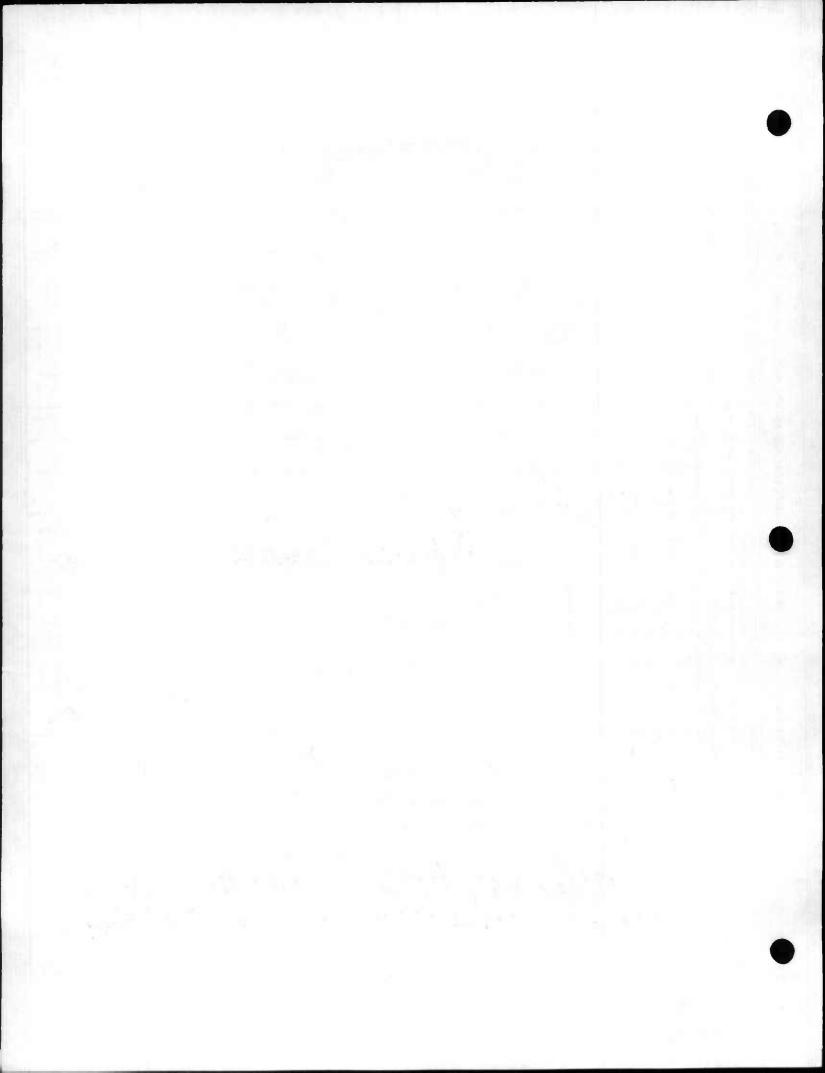


BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending plus	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	within 24	npletely fill cremation	
687	precuted	and con burial.	
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sician. ial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

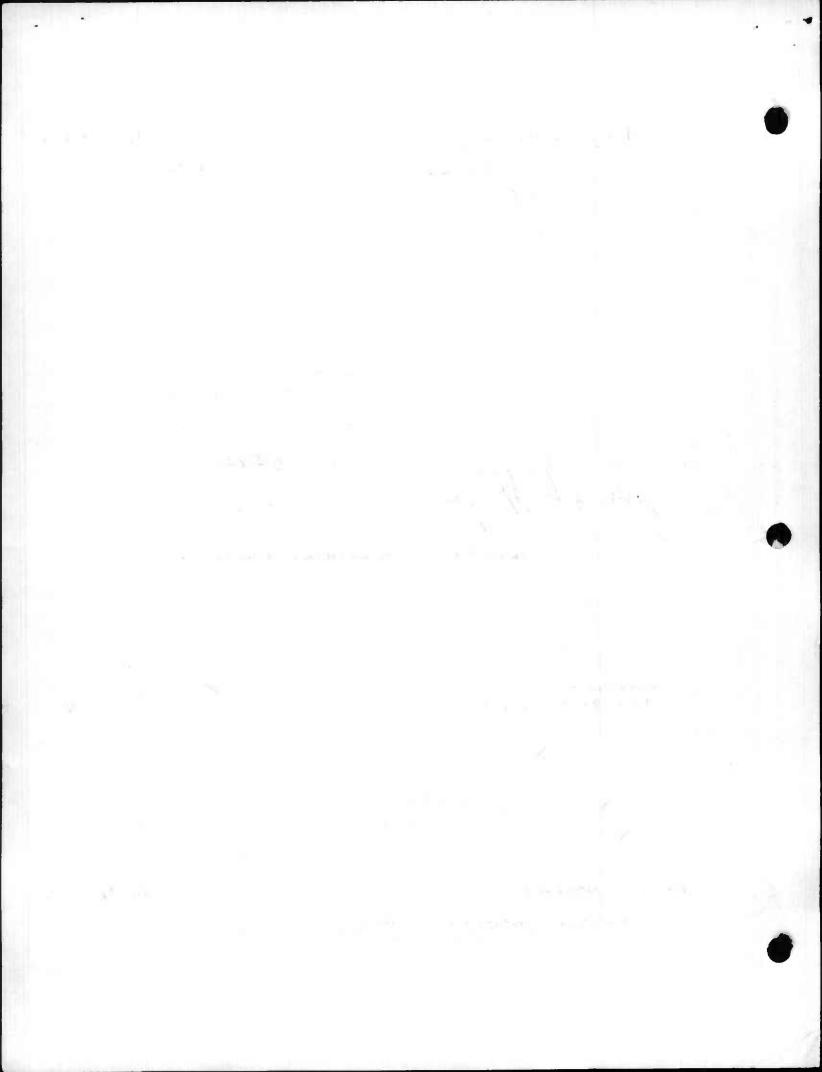
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (Firs	t, Middle, Last)			ERTIF	IOAIL	01	DEA	· n	2. DATE O	REG. NO).		3. TIME OF DEA
Lug	ene		Yarbrou	oh					MONTH	D	MY 15 1	YEAR 992	
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. In		IF UNDER 1	YEAR	IF UNDER	R 24 HRS.	Janu 7. DATE OF	BIRTH	15, 1	114	HPLACE (State or F
219 42 936	51	1 □ M 2 💢 F	48	YRS.	MONTHS	DAYS	HOURS	MIN,	March	Ony, Year)	1943	Count	rvland
9a. FACILITY NAME (If not I	natitution, give	street and number)			9b. CITY, 1	TOWN O	R LOCATI	ON OF DE		0, 1	710	JNTY OF E	
430	5 Fall	s Road			Bal	tim	ore				Ra1	timo	re City
10a, STATE	10b. COUNT			10c, CIT	Y, TOWN OR						LUKLI	1.11110	,
Maryland	Ba1	timore C	itv			tim							10d. INSIDE CIT LIMITS?
10. STREET AND NUMBER					Dai	_	ZIP COD	E			10a. CIT	IZEN OF	1XXYES 2 WHAT COUNTRY?
430	5 Fall	s Road					21	211				J.S.A	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DECE	ENDENT C	OF HISPAN	IIC ORIGIN?	Specify Yes			E — American Ind ck, White, atc.
1 Never Married 2 🔯 3 Widowed 4 🗍 Dive		IF YES, GIVE Y	MAR OR DATES	V60				in, Maxica Specify	n, Puarto Ric	an, atc.)		Spec	offy:
15. DEC	EDENT'S EDU	CATION	I see n	ECEDENTIA.	USUAL OCC								Mite
(Specify on Elementary/Secondary (I	y highest grade	College (1-4 or 5		Give kind of a le. Do NOT us	vork done du le retired.)	ring mos	st of working	ng	16b. K	IND OF BU	SINESS/IN	DUSTRY	
12		5+		eache	er				Ba	altim	ore	Cout	y School
17. FATHER'S NAME (First, M	liddle, Last)						16. MOTI	HER'S NA	ME (First, Mid				
		Ellis					н	orte	nse	Adams	3		
19a. INFORMANT'S NAME (19	96. MAILING	ADDRESS (Street an			Route Number,			p Code)	
Hortense		S			5 Fal			В	altim				21211
	on 3 🗆 Rem	ovel from State	cemetery, cr	ematory or of	Property (Control of the Property Control of the Prope		me of		DATE		CATION -		
Donation 5 Other		whole:	Meti	co Cre	emato:			SS OF FAC	1/15	Cat	onsv	ille	. Maryla
0		77	//	1	24. NA	AME ANI	U ADORES	SS OF FAC	CILITY				
A 111		/	/			ran	-Ua	naa	France	7 TT-			
Ju	und	ass!	Carri	ulu	V36	37 1		a Da	Funera	-1 +		Mar	vland 21
23. PART I. Enter the d ahock, or h	iseasea, or o	complications the	it caused the d	eath. Do n	V36	37 1		a Da	od D	-1 +		Mar reat,	yland 21
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anock, of it	girt lanule.	a.	Hod	aki	V36	37 1	fall: da of dyi	s Ro	od D	-1 +		Mar reat,	Approxim Interval B
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immediate cause (Fif disease or condition reaulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY. CAUSE (Disease or Inju- thet initiated events	dions, diate	a. Due to	OR AS A COMSE	QUENCE OF	ot enter the	37 1	fall: da of dyi	s Ro	ad, Ba	-1 +		Marrest,	Approxim Interval B
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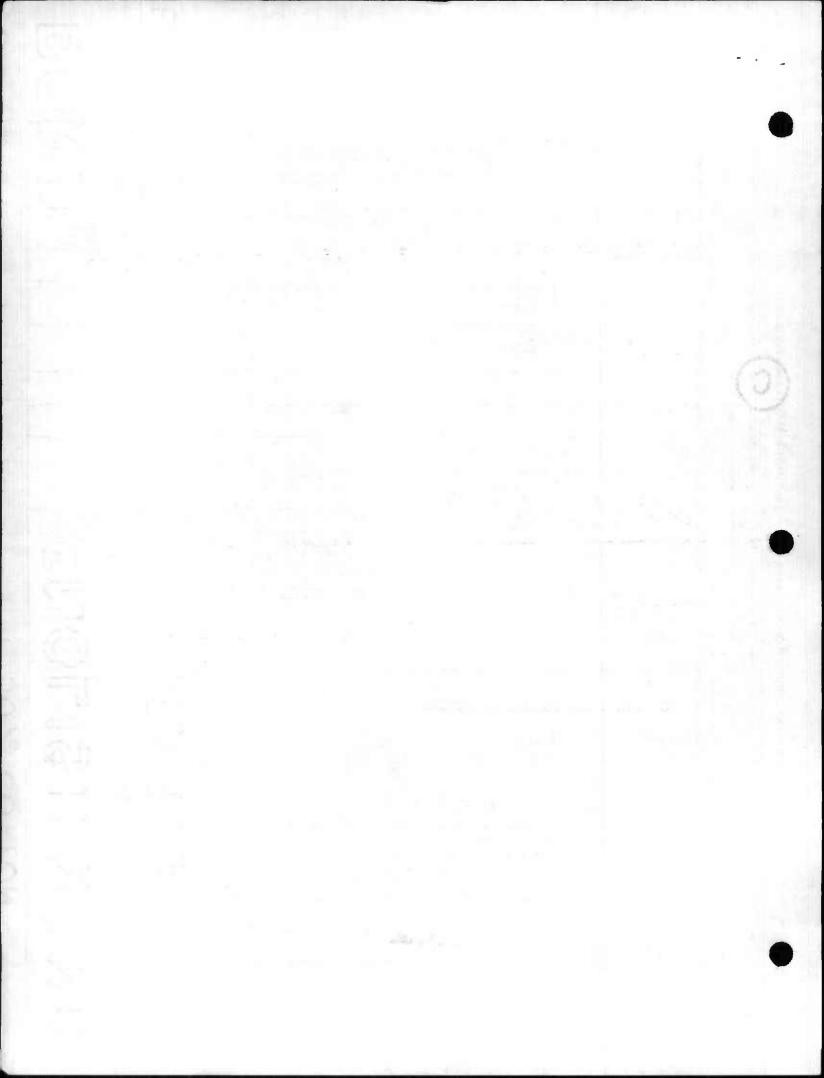
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be retained by the hospital or attending p	ge 5 should be detached for use as the b	e notified at once.
24 hours after death. Page 6 may	y filled in by the funeral director, paction, or removal.	the medical examiner must be
he death certificate be executed within	the attending physician and completer Mental Hygiene prior to burial, crema	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	HIGSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HUNSPATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HUNSPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deor, of Health and Mental Hydiele prior to burial, cremation, or removal.

6. AGE (In yr) N 2 F Number) Pital S DECEDENT EVER IN U.S. RCES? 1 A YES 2 YES, GIVE WAR OR DATES Add) De (1-4 or 5+) Than State 20b. PLA cometery	a. DECEDENT'S USI (Ghe kind of work title. Do NOT use re Painter 19b. MAILING AD 6226 So ACE AND DATE OF D y, crematory or other d Town C.	FUNDER 1 YEAR NOTHS DAYS b. CITY, TOWN OF Balti TOWN OR LOCAT atOWN 107 13. WAS DEC If yes, spi 1 YES UAL OCCUPATION of done during modeling of the place o	21085 ENDENT OF HISPAN ecity Guban, Mexica 2 The No Specify Stol working 18. MOTHER'S NA Kather Avenue Ha me of pel Funer Delajr de of dying, such	NIC ORIGIN? (Specify Year) IGENTH ETY NIC ORIGIN? (Specify Year) IGENTH ETY IGENTH IN THE CONSTRUCT OF BUT IN THE INTERPOLATION OF BUT IN THE INTERPOLATION OF BUT IN THE INTERPOLATION OF IN	se. COUNTY COUNT	INTHPLACE (State or Foreign comps) Virginia PF DEATH 10d. INSIDE CITY LIMITS? Y 1 YES 2 NO OF WHAT COUNTRY? AACE — American Indian, Black, White, atc. White TY OF Town, State Co., MD.
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(Month, Day, Year)	26b. TIME OF	M 1 V	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW II		
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the beat of my knowledge e basis of examination and	e, death occurred at d/or investigation, is	t the time, date n my opinion, de	and place, and due eath occured at the	to the cause(a) and mer time, date and place, en	nner ea atated. Id due to the cau	ne(a) and manner as stated.
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- STATE REGISTRAR				CERTI	FICALE	OF D	EAIH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE (OF DEATH	. 9.	2 YEAR	3. Т(ДС)	PA A
VERNON	AT	KERSON						/0]		05 9	72	6:0	OA.
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthday,			UNDER 24 HRS.	7. DATE C				HPLACE (Sta	e or Foreign
465-14-0601		84 YRS.	MONTHS	DAYS HO	OURS MIN.	NOV.	26,1	907	Count TE	XAS			
9a. FACILITY NAME (If not ins			9b. CITY, 1	TOWN OR LO	OCATION OF D			9c. COU			5		
DORCHESTER GENERAL HOSPITAL					CAT	MBRID	CF				DOR	CHEST	FR
RESIDENCE OF DEC		TELE HOUL	- 1111		I Om	IDKID	,GE				DOI	CHEST	LIK
10a. STATE	10b. COUNT	Y		10c, C	TY, TOWN OR	LOCATION		-				10d. INSIC	E CITY
MARYLAND	DORC	HESTER		EA	ST NEV	W MAR	KET					1 YES	
10e. STREET AND NUMBER						10f. ZIP	P CODE	100		10g. CITI	ZEN OF	WHAT COUN	TRY?
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11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMED			DENT OF HISPA			or No-	14. RAC	E — America	n Indian,
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11				FURNI'	TURE R	REFINS	SHER	A	NTIQUE	ES			
17. FATHER'S NAME (First, Mi	iddle, Last)			-11		18.	. MOTHER'S N.	AME (First, N	liddle, Maiden	Surname)			
JOHN SAM	UEL AT	CKERSON					ZUMA I	BROOK	S				
19a, INFORMANT'S NAME (7)	ypa/Print)			19b. MAILIN	IG ADDRESS	(Street and N	Number or Rural	Route Numb	er, City or Tow	n, State. Zic	Code)		_
DIANE ATKER	SON			106	RICHMO	OND R	OAD, P	AOLT.	PA 1	9301			
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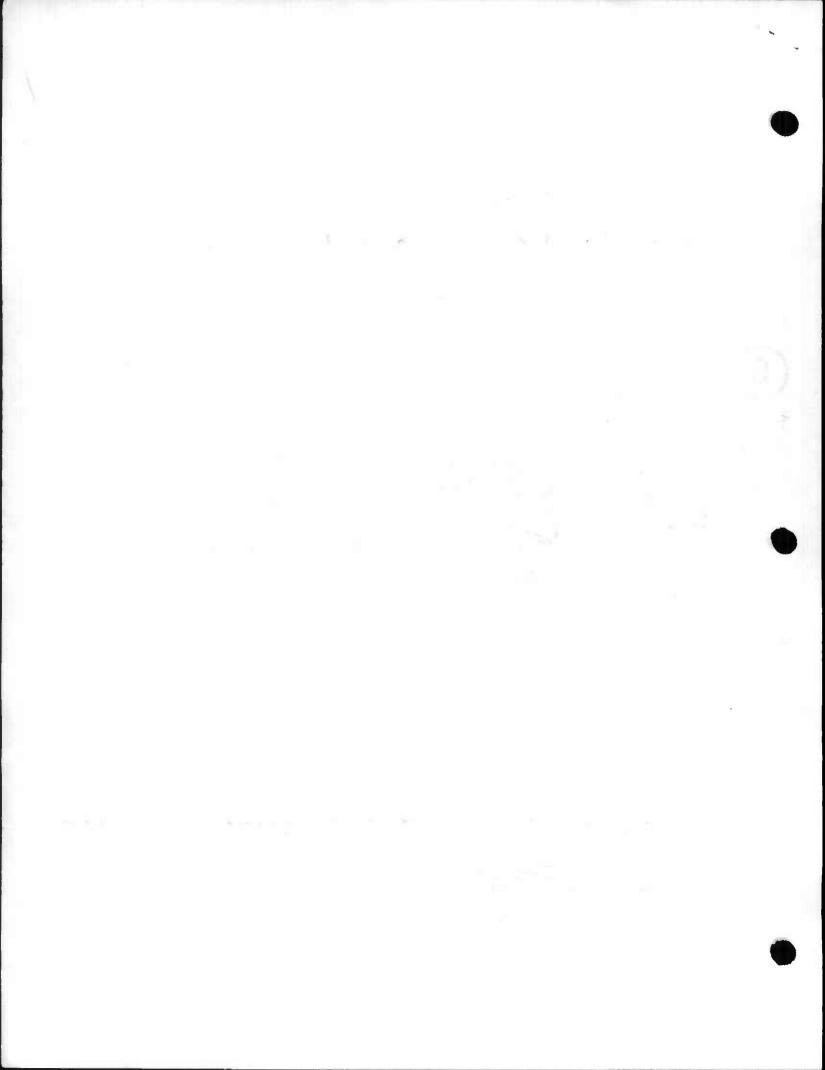
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	HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be find within 72 hours after death with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requin	TO THE FUNERAL DIRECTOR: After this certificate has been sit has find within 72 hours after death with the State Dent. of He	IMPORTANT: If item 28 is marked, or item 23 show	

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) MATTIE D.	ATKERSON				2. DATE MONT	OF DEATH	3 19	3. 92	TIME OF DEATH 4:15 A M
;		- La - Arti	n yrs. last birthday) 7 YRS.	IF UNDER 1 YE		7. DATE (Monts APR	OF BIRTH h, Day, Year) 26, 19	914	Country) TEXA:	
ron	9a. FACILITY NAME (If not institution, give atreet RESIDENCE - 5613 MOU RESIDENCE OF DECEMENT	The second second	DAD		NEW MARKE			DORC		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND DORCHE	STER	- 1	Y, TOWN OR L	MARKET		~			d. INSIDE CITY LIMITS? YES 2 💢 NO
FUNERAL	100. STREET AND NUMBER 5613 MT. HOLLY ROA	D			10f. ZIP CODE 21631			10g. CITIZE	USA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 XNO Speci	an, Puarto		or No 14	RACE — Black, W Specify:	American Indian, hite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of the Do NOT u	work done durin se retired.)	most of working		STATE			
	17. FATHER'S NAME (First, Middle, Last) JOSEPH A. GUTHRIE				18. MOTHER'S NA			Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) DIANE ATKERSON				eet and Number or Rural D ROAD, PA				ide)	
	20a METHOD OF DISPOSITION 1	from State	PLACE OF DISPO	MARKET	cemetery, cremetory or CEMETERY	1/6	6 EAS	CATION — CIT I NEW		State ET, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENT	Soll	u		E AND ADDRESS OF F LER FUNER T NEW MAR			531		
	PART Enter the diseases, or conshock, or heart failure. Us IMMEDIATE CAUSE (Final disease or condition resulting in death)	TO DUE TO (OR AS A	ach line.						t,	Approximata Interval Between Onset and Death
NO	Sequentially list conditions,	METASA	consequence of	mee	5/		V			
CERTIFICATION	If eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	•	CONSEQUENCE C							
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions of	contributing to death b	out not resulting	in the under	lying causa given is	Part I.	24a. WAS AN PERFOR	RMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	'hook ook o			'	YES 2 NO
YSICI	EXAMINER? 1 YES 2 NO 1	IOSPITAL:	200	OTHER:	Home 5 - Residence	8 🗆 Oth	er (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	WORK? YES 2 NO	28d, DE	SCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, city)	street, factory,	office	28f. LO(C/t)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:									nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Alex	MI	>	29c. LICENSE N	JMBER 38	4		GIGNED (M	orith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO O	EN, M.D.,	302 COLL		ENUE, HURI	LOCK,	MD 2	1643		
	31. DATE FILED (Month, Day, Year) JAN - 7 '97	32. REGISTMAR'S SIGN	LY dron-Ran	delle						



DIVISION OF VITAL RECORDS, P.O. BOX 68760, P. BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within he are after death. Page 6 may be retained by the hospital or attending physici	
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TO BE COMPLETED BY FUNERAL DIRECT

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

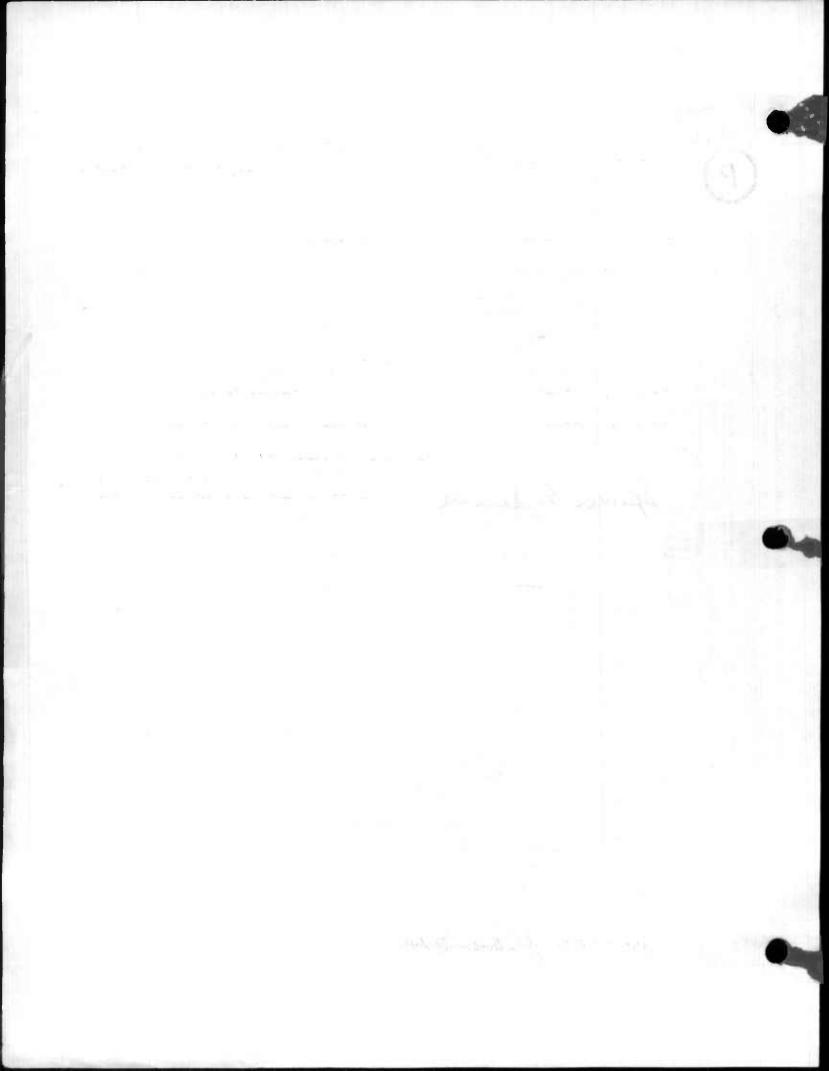
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN - 3 1992

30 REGISTBAR'S SIGNATURES

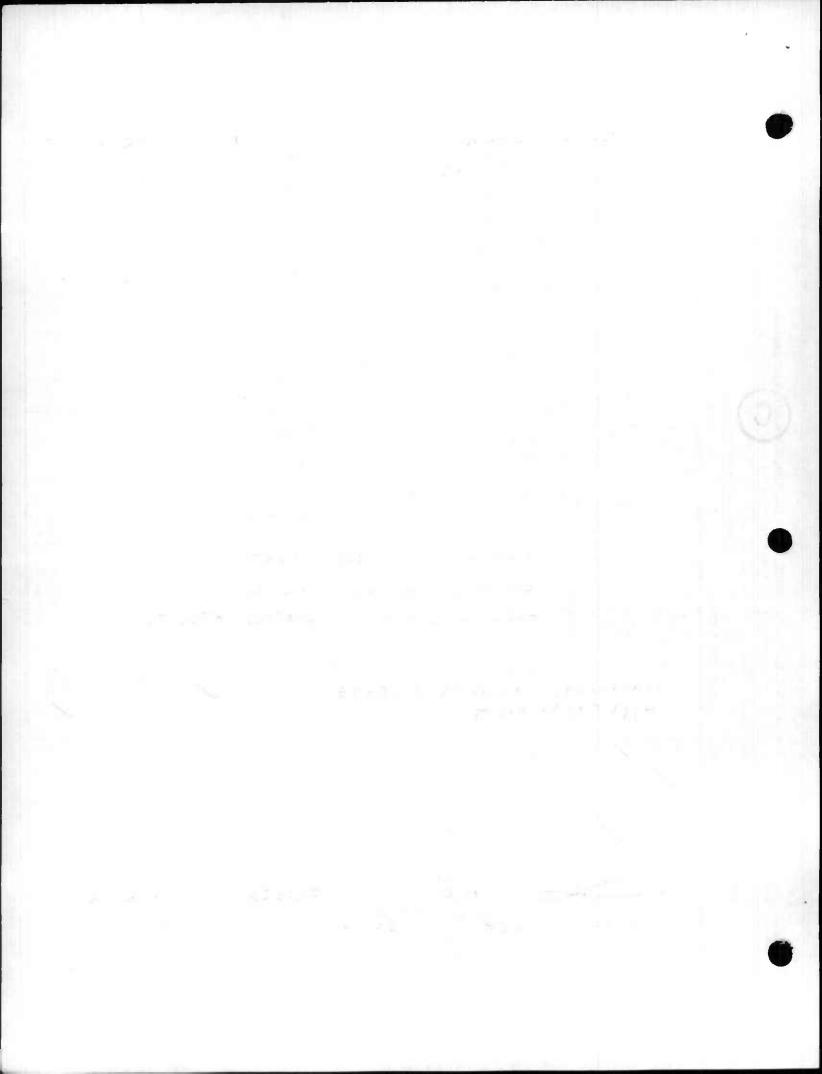
FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTAL HYGIEN	E	0029
1. DECEDENT'S NAME (First, Middle, Last) Wilfre	-d		BUL		2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH 2015
4. SOCIAL SECURITY NUMBER 264-16-1238	5. SEX 6. AGE	(In yrs. last birthday) _	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country) Florida
98. FACILITY NAME (If not institution, give a Calvert Memorial RESIDENCE OF DECEDENT				wn or Location of D	EATH	9c. COUNTY	
10a. STATE 10b. COUNT	vert		TOWN OR L				10d. INSIDE CITY LIMITS? 1 YES 2 NO
oo. STREET AND NUMBER 4955 Huntingtown				101. ZIP CODE 20639		10g. CITIZEN	OF WHAT COUNTRY?
II. MARITAL STATUS I Never Married 2 Married I Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WER OR WWW-2	2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Specific			RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION Completed) College (1-4 or 5+)	life. Do NOT use	ork done durin	PATION g most of working	16b, KIND OF BU	SINESS/INDUST	RY
7. FATNER'S NAME (First, Middle, Last) Thomas W. Bulla	rd			Alves	ME (First, Middle, Meiden Sta Jones		
e. Informant's Name (Type/Prim) Elizabeth Bulla	rd			gtown Road	Route Number, City or Town		Md 20639
0e. METHOD OF DISPOSITION ☑ Burlel 2 ☐ Cremetion 3 ☐ Ram ☑ Donation 5 ☐ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LI	coval from State	metery, crematory oc oti Wards Chi	irch C		1/06/92 0	vings, Dares	
IMMEDIATE CAUSE (Finel	a. CARDI O PUI DUE TO (OR AS C.	A CONSEQUENCE OF	ARRE	37			Interval Betwee
PART II. Other significent condition	d	but not resulting l	n the under	lying ceuee given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 4 HO	HOSPITAL:		OTHER:	6. PLACE OF DEATN (CA			
7. MANNER OF DEATH 1 Waturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 280 JRY	Nome 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJUR building, atc. (Sp	ty — At home, farm, s ecify)	Ireet, factory,	offica	281. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
onel	ICIAN: To the best of my kno						use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIE	Legal 40			702 6		29d. DATE SIG	SNED (Month, Day, Year)

-PRINCE FREDERICK M) - 21678



e name of the hospital or attending physician.	etached for use as the burial-transit permit. Pages		once.
er death. Page 6 men	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and 5 minuted to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

1. DECEDENT'S NAME (First, Middle		46						DEA		2. DAT	E OF DEATH	MY	YEAR	3. TIME OF DEATH	
TLS	E	OE	- 17									2	92	9 32	
4. SOCIAL SECURITY NUMBER		S. SEX		E (In yrs. la:		IF UNDER 1 1	YEAR DAYS	# UNDE	R 24 HRS.	(Mo	E OF BIRTH nth, Day, Year)		Cou	THPLACE (State or Fore	
9e. FACILITY NAME (If not institution	- chan e		-	> 1	YRS.			1-12-201		06-	-21-27			Germany	
	Baltimore County Ge							9b. CITY, TOWN OR LOCATION OF DEATH						Y OF DEATH	
RESIDENCE OF DECEDER	General Hospital			Kar	Randallstown				Balt		altı	more			
	COUNTY	1			10c. CIT	Y, TOWN OR	LOCATIO	ON						10d. INSIDE CITY	
	arro	oll Coun	ity			Sykes	svil	lle						LIMITS?	
10e. STREET AND NUMBER							10f.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
6013 Fair	fie.							21	784				U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married		12. WAS DECEDE FORCES?	1 YE	S 2 💢	MED	13. WA	S DECE	NDENT (OF HISPAN	NIC ORIG	ilN? (Specify Ye o Ricen, atc.)	s or No—	14. RA	CE — American Indian, ick, White, stc.	
3 Widowed 4 Divorced		IF YES, GIVE	WAR OR	DATES		10	YES :	2 XNO	Specify	/:	J Incom, moor			White	
1S. DECEDENT	'S EDUC	CATION		16a. DE	CEDENT'S	USUAL OCCI	PATIO			1,4	WHID OF BU			MIITCE	
(Specify only highes Elementary/Secondary (0-12)	st grade	completed) Collegs (1-4 or 5		(G	live kind of w	work done duri re retired.)	ing most	N t of worki	ing	1	Sb. KIND OF BU	SINESS/INI	DUSTRY		
8		Conegs (1-4 or a	;+)	1	omema	1000					Do	mest:	ic		
17. FATHER'S NAME (First, Middle, La	ast)				011.0	0.00		18. MOT	HER'S NA	ME (First	, Middle, Maider		10		
August Ha	ahn								nne '			Garrie,			
19s. INFORMANT'S NAME (Type/Print	ne)			19	b. MAILING	ADDRESS (S	Street an		_		mber, City or Tox	rn, State, Zij	o Code)		
Mr. Heinz Beck	<										ksvill			784	
20s. METHOD OF DISPOSITION 1 X Burist 2 Cremetion 3	Remo	oval from State	20	Ob. PLACE	AND DATE C	OF DISPOSITION	ON /Nem	ne of			TE 20c. LC	•			
4 Donation 6 Other (Specify	y)			Spr	ingfi	leld c	Ceme	eter	У	1/6	Sy	kesv:	ille	, MD	
21. SIGNATURE OF FUNERAL SERVI	ICE LIC	ENSEE	. /	State cemetary, crerpetory or other place Cemetery				ADDRE	SS OF FA	CHITY					
						AL HOME (P.O. Box 195) MD 21784 (410)-795-1400									
23. PART I. Enter the diseases ahock, or heart fai IMMEDIATE CAUSE (Final disease or condition	mura, L	List only one ca	iuse on	each Ilna	1.	Hot antar the	Syk e mod	esv.	ille	RAL , MI h as ca	21784	(41)	0) - 7		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARY LAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retisined by the continue artending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained use as the bund-transit permit. Pages 1, 2, 3 should
be lifed within 22 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First	t, Middle, Last)		-	CERTIF			DE			REG. NO			3. TIME OF DEATH
William J.	Boylar	n							MON		2	1992	
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In)	yrs. last birthday)				R 24 HRS.	7. DATE	OF BIRTH		8. BIFF	THPLACE (State or Foreign
182-07-1610		1 M 2 D F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	9/	th, Day, Year) 23/191	0		nsylvania
9e. FACILITY NAME (If not in							OR LOCATI				7	INTY OF	
Perry Poin		1			P	erry	Poi	int			Cec	il	
10a. STATE	10b. COUNTY	r		10c. Cl'	TY, TOWN C	OR LOCAT	TION	-		-			10d. INSIDE CITY
Maryland		ford		1	Aberd	leen							LIMITS?
10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
647 Jennife	r Lane						210				-	ISA	
11. MARITAL STATUS 1 Never Merried 2 1	Married	12. WAS DECEDEN FORCES? 1	YES :	2 NO		If yee, sp	ecify Cube	m, Mexica	n, Puerto	N? (Specify Yo Rican, etc.)	s or No-	14, RA	CE — American Indian, ack, White, etc.
3℃Widowed 4 □ Divo		Korea					2 X NO						White
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Elementary/Secondary (0		College (1-4 or 5 -	+)	(Give kind of life. Do NOT u	work done (during mo	st of works	ng					
12		0		Mili	itary					Mil	itary	·	
17. FATHER'S NAME (First, M	,						1			Middle, Maide	Sumame)		
Thomas 190. INFORMANT'S NAME (7)	Boylan									cadley			
William J.		n		1						nber, City or To			
20e. METHOD OF DISPOSIT		11	20h BI	760 LACE AND DATE				., S		m, MD			
12 Burial 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo	oval from State	cemete:	ery, prematory or of Lington	other place	i one	me of	-n+	1 /S				Town, State
21. SIGNATURE OF FUNERA		THORE	- 431	TITIGOT						Arl	ingto	Π_{ℓ}	VA
	P SEMAICE FIC	22. NAME AND ADDRESS OF FACIL					ARORD						
+ Henne	AB	P								T W	AK	30R	
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23. PART I. Enter the dishock, printed in ahock, printed in ahock, printed in a construction of the constr	Iseasea, or ceart feliure. I had a lona, dieta ling iry T de mit conditions	Complications the List pnly pna ceu Shock to DUE TO CANCER DUE TO CENTED TO	JER/Outpatle	RESPIRATIONSEQUENCE OF LUNG CONSEQUENCE OF CONSEQUE	not antar tory File Truct In the un OTHER 4 Num BE OF JUNY M	the mp Fail Live 26. PL 3: sing Horn 28c. INJI WOO 1 U	Lunc	g Dis	Part I.	24a. WAS AI PERFO 1 X YES	A AUTOPSY RMED? 2 NO	24	Approximate interval Betwee Onaat and Da Ona
23. PART I. Enter the dishock, printed in ahock, printed in ahock, printed in a constant in a consta	Iseasea, or ceart feliure. I had had had had had had had had had had	Complications the List pnly pna ceu Shock to DUE TO CANCER DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE DUE TO CENTED TO SEVERE	JER/Outpatle INJURY Pitch (Specify)	RESPITATIONSEQUENCE O RELUNG DISCOUENCE O RIC Obst ONSEQUENCE O RIC OBst	not antar tory FF: truct FF: OTHER 4 Nurs BE OF JURY M street, factor	the mp Fail iVe derlying 26. PL sing Horn 28c. INJU WO 1 Y	Lunce Lunce Lunce Cause (g Dis	Part I.	24a. WAS AI PERFO 1 X YES OF (Specify) SCRIBE HOW CATION (Street or Town, State	AUTOPSY RIMED? 2 \(\sum \text{NO} \) INJURY Occupant Autopsy Rimed?	24 24 CCURED Or Rural	Approximate interval Betwee Onaat and Da Ona
23. PART I. Enter the dishock, or himmediate Cause (Firdisease or condition resulting in death) Sequentially lifet conditting in death) Sequentially lifet condition resulting in death) Sequentially lifet condition resulting in death) CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS PART II. Other algnifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 2 Accident 3 Suicide 8 4 Homicide	Iseasea, or ceart feliure. I had be considered to the condition of the con	Emplications the List pnly pna ceu Shock to DUE TO CANCER DUE TO CANCER DUE TO C. SEVERE DU	Jith R (OR AS A CO Of th (OR AS A CO Chron (OR AS A CO death but of DER/OUTpatie INJURY — etc. (Specify) my knowledge	At home, farm,	not antar tory F): truct In the un other other un street, factor ed at the til	the mp Fai. IVe derlying 28. PL aling Home 28c. INJI Tory, office	Lunce Lunce Lunce ACE OF DI S = Re JRY AT JRES 2 = S and place,	g Dis	Part I. Part I. 281. Loc City	24a. WAS AI PERFO 1 X YES TO SCRIBE HOW CATION (Street or Town, State use(s) and me	A AUTOPSY RIMED? 2 NO INJURY Occurred to Management of the second of the	24 CURED or Rural	Approximate interval Betwee Onaat and Da No. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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23. PART I. Enter the dishock, or himmediate Cause (Firdisease or condition resulting in death) Sequentially lifet conditting in death) Sequentially lifet condition resulting in death) Sequentially lifet condition resulting in death) CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS PART II. Other algnifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 2 Accident 3 Suicide 8 4 Homicide	Iseasea, or ceart feliure. I had be considered in the condition of the con	Shock to DUE TO CANCER DUE TO	Jith R (OR AS A CO Of th (OR AS A CO Chron (OR AS A CO death but of DER/OUTpatie INJURY — etc. (Specify) my knowledge	At home, farm,	not antar tory F): truct In the un other other un street, factor ed at the til	the mp Fai. IVe derlying 28. PL aling Home 28c. INJI Tory, office	Lunce Lunce Lunce Cause (Disgiven in i	Part I. 28d. DE: 28f. Loc City to the castime, date	24a. WAS AI PERFO 1 X YES TO SCRIBE HOW CATION (Street or Town, State use(s) and me	AUTOPSY RMED? 2 NO INJURY Occurrence and Number	24 CCURED Or Rural ed. e couse	Approximate interval Betwee Onaat and Da No. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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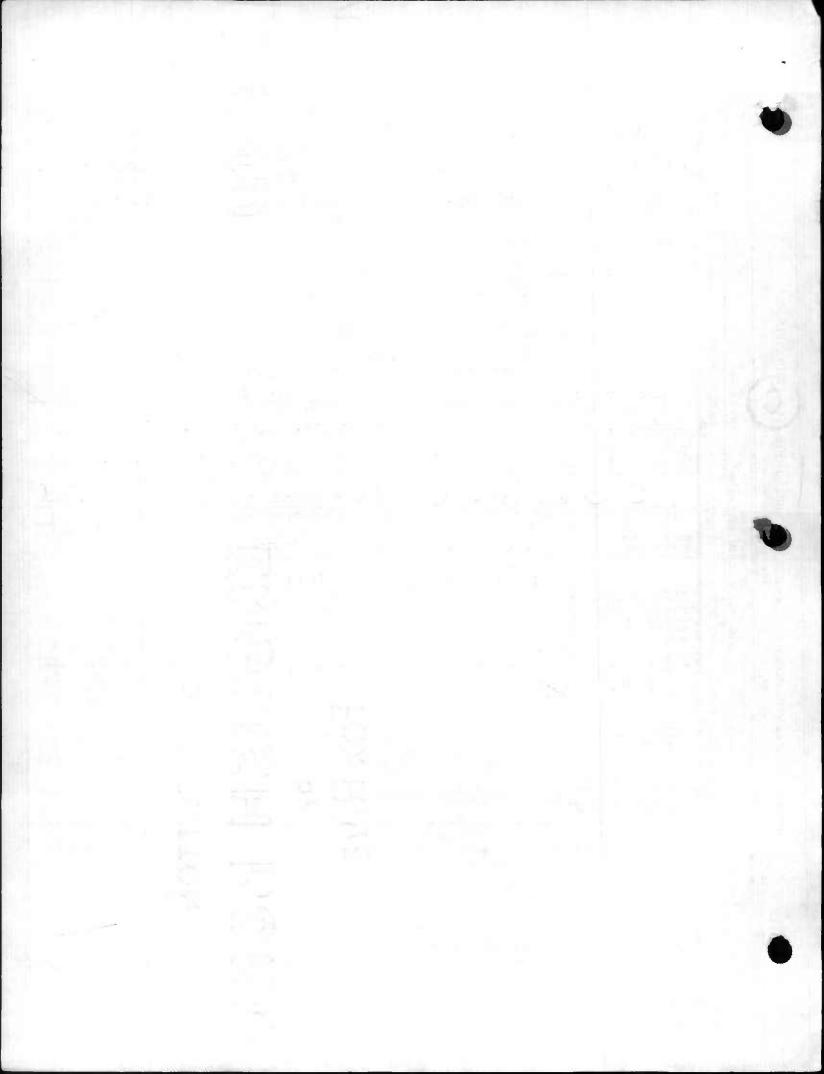
lia Savidson-Randale

Transport of the second

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	* REGISTRAR		CERTIF	ICALE	IF DEAL	H	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	1 M. BRI	EME	R			2. DATE OF DI	EATH DAY	9 YEAR	3. TIME OF DEATH
	-16 101.5		rs. lest birthday) 5 YRS.	IF UNDER 1 YE		MIN.	7. DATE OF BII (Month, Day,	Year)	Count	
	9a. FACILITY NAME (If not institution, give street	0	J	9b. CITY, TOY	VN OR LOCATIO			3, 1906	DAT DEAT	timore, Md.
DIRECTOR	Baltimore County G				lal1sto				Balti	
E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
L DIR	Maryland Balt	imore		G1yndo	101, ZIP CODE				Water or	1 YES 2X NO
FUNERAL	4806 Butler Road					071		10g. C		WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Olvorced	P. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO	If yes	DECENDENT OF , specify Cuban YES 2 (XNO	, Mexican,		ecify Yan or No- etc.)		E — American Indian, k, White, atc. ////////////////////////////////////
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during	ATION most of working	,	16b. KIND	OF BUSINESS/	INDUSTRY	
린		4	Exe	cutive				Bankin	g	
S I	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	ER'S NAM	E (First, Middle,	, Maiden Surnam	D)	
BE	Henry Bremer				M	ary	Held			
2	19a, INFORMANT'S NAME (Type/Print)							ty or Town, State,		
F	Charles F. Welsh		4601	Prospe	ct Ave.	G1		Md. 2		
	20a. METNOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		LACE AND DAT etary, crematory TKWOOd			1-		Baltime		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Paral	9		E AND ADDRES					erstown Rd.
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis iMMEDIATE CAUSE (Finel disease or condition	nplications thet caused that only one cause on each	ilne.	not anter the	mode of dyle		4	A IL		Approximate Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CO	INSECUENCE O	E)·	+				-	
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	RON Pr: 1	NEI	IM	ANIC	SISA		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O		100	410	0.201			
E	resulting in death) LAST									
	PART II. Other aignificant conditions of	contributing to death but	not resulting	in the under	lying cause g	iven in F	Part I. 24a.	WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
MEDICAL	CAD, AS	ř.					_ 10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		-		6. PLACE OF DE	FATN (Cho	ok only one)			
ᅙ	EXAMINER?	IOSPITAL:		OTHER:						
PHYSICIAN:	27. MANNER OF OEATN 1 Netural 5 Pending	□ Inpatient 2 □ ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 286	Nome 5 Res			BE HOW INJURY	OCCURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,				281. LOCATION City or Tox	N (Street and Num wn, State)	nber or Rural	Route Number,
COMPLETED	Check only	N: To the best of my knowleds								(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	is les			29c. LICE	T7	BER 7 7 7 7	29d.	DATE SIGNE	(Month, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Тур	e, Print)				4		
	31. DATE FILED (Mopth, Day, Year) JAN 6 92 9	32. REGISTRAR'S SIGNATION DEVICES DEVICES PARTY	VAL							



3 Widowed 4 Divorced

17. FATHER'S NAME (First, Middle, Last)

09-18-1990

16. MOTHER'S NAME (First, Middle, Melden Surname)

PERFORMED?

1 YES 2 | NO

4. \$0

DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

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IMPORTANT: II

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Interval Between

AVAILABLE PRIOR TO **COMPLETION OF CAUSE**

DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Christina	Marie	Cc	ook		0 1 0 5	1992	3:05 F
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
218 29 9921	1 M 2 X F	1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	MTD

9a. FACILITY NAME (If not Institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harford Memorial Hospital

1

RESIDENCE OF	DECEDENT	navre de Grace	Hartord	
10a. STATE	10b. COUNTY	10c. CITY, TOWN OR LOCATION	1	Od. INSIDE CITY
MD	Harford	Hayne de Cases	1.	LIMITS?

10a. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY?

107 Susquehanna Court 21078 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE -- American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married 1 TYES 2 X NO Specify:

15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co.

Elementary/Secondary (0-12) College (1-4 or 5+) n/a n/a

Jerry L. Cook Jennifer Jones 19a. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) & Mrs. Jerry L. Cook 107 Susquehanna Court, Havre de Grace, MD 21078

20a. METHOD OF DISPOSITION

1X) Burtal 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify)

Zion Cemetery Fountain Green, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

Mitchell-Smith Funeral Home, P.A. Havre de Grace. MD21078-3197 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line.

IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in desth) No anatomic cause of death DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)

If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated eventa resulting in death) LAST

DUE TO (DR AS A CONSEQUENCE OF) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 X YES 2 NO ma 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY

28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY --- At home, term, street, factory, 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 X MEDICAL EXAMINER: On the d/or Investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) end manner as stated

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E OF DEATH (ITEM 27) (Type, Print)

III Penn Street. Baltimore Maryland

June Davidson Randell Year) 1992

has been signed by the attending physician and completely filled in by the funeral director, I Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

23 shows any injury, or other traumatic event, the medical examinar must HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, State 1 DIRECTOR: After this certificate hours after death with the State hours after item 28 is THE FUNERAL I

pe must examiner medicai the event. traumatic other 1 10 injury, any Shows ? Hem 0 marked, 28

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HOSPITAL OR

FUNERAL within 72 ? =

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1993 7:50 AM LATNE COOMES January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3/25/1919 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🔀 M 2 🗌 F 220-01-2061 VRS North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Perry Point VAMC Perry Point Cecil 10a. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Harford Maryland Aberdeen XXYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 41 Valley Bottom Road Box C1 21001 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 TYES 2 NO NO Specify Specify. 3 Widowed 4 Divorced W II White ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 0 Produce Manager Grocery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Emmett Coomes Oma Roberts R 19 a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peggy Coomes Valley Bottom Rd Box C1. Aberdeen, MD 21001 20g. METHOD OF DISPOSITION
1XI Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 4 ☐ Donation 5 ☐ Other (Specify) Angel Hill Cemetery Havre de Grace, MD 1/6 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. mote Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that cause d the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition Bronchopneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chronic obstructive pulmonary disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY Cancer of Prostate 1 YES 2 X NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TES ZXXNO 1 X Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 X Wintural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER

1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 29 SIGNATURE AND TITLE OF CERTIFIER

anda

32. REGISTRAR'S SIGNATURE

MELICIA SANTOS, M.D., VA Medical Center, Perry Point, MD

Julia Savidson-Randalle

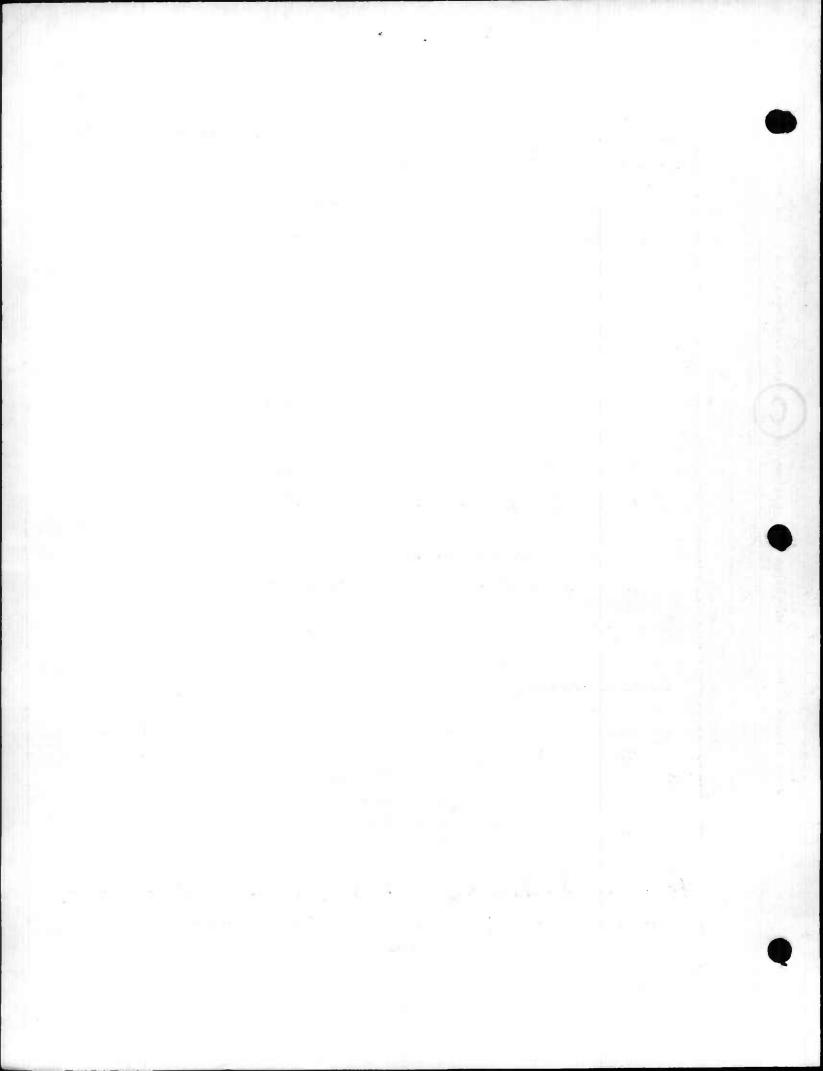
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

NY 151094-I

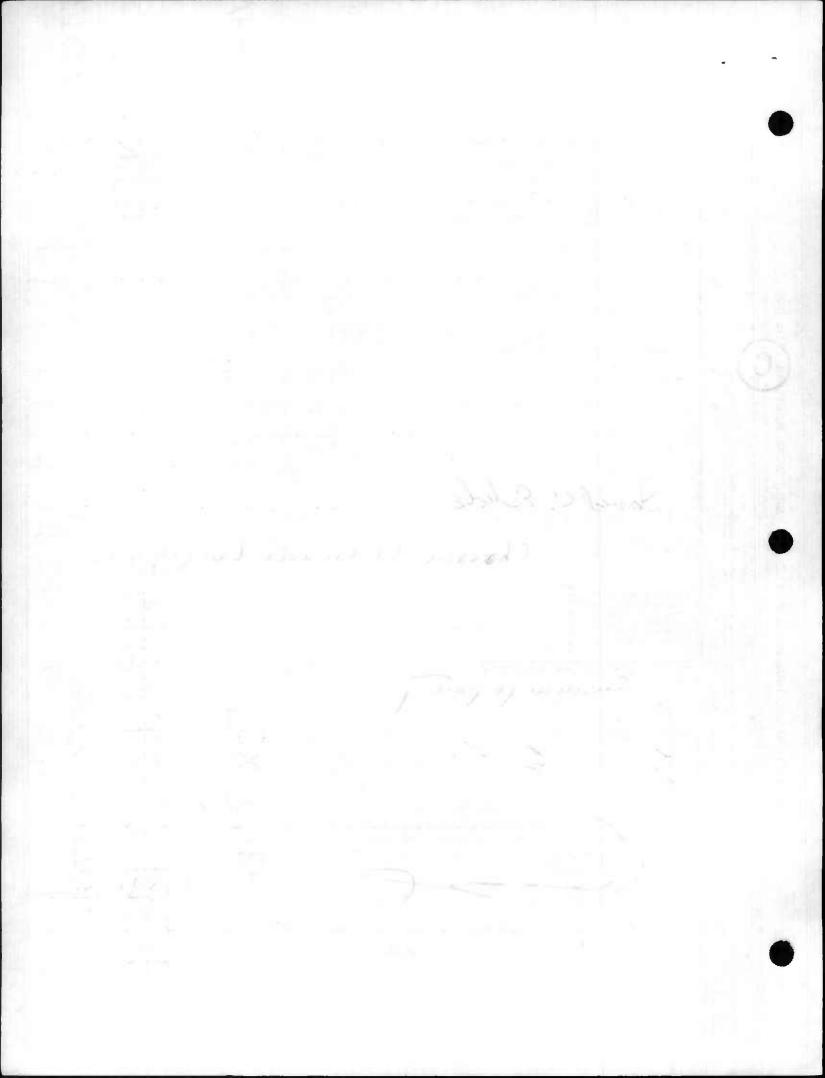
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29d. DATE SIGNED (Month, Day, Year)



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IN THE HOLLING OF THE PROPERTY THE PROPERTY OF	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the firm as the bur	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	AL C	72 h	=
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5	3	With	TA
H	THE	filed	20
2	2	9	=

1. DECEDENT'S NAME (First, Middle, Las				OF DEATH	2. DATE	OF DEATH	W 1	YEAR	TIME OF DEATH	
Catherine	Christi		ollins		Jan	. 2, 1	992		7:20 P.	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	MONTHS DAY		(Month	OF BIRTH Day, Year)		Country)	ACE (State or Foreign	
79-12-8166 90. FACILITY NAME (If not institution, glv.)	A 0.	This.	ah CITY TON	WN OR LOCATION OF		16/19	90. COUNT		ington.D	
Physicians Mem		1	LaP1a		JENIN .			rles		
10e. STATE 10b. COUR			Y, TOWN OR LO	TOWN OR LOCATION				10	10d. INSIDE CITY	
Maryland Cha	arles	H1	ughes	ville				1	TYES ZYND	
10e. STREET AND NUMBER		119111		101. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
		Box 42		20637			U.S			
11. MARITAL STATUS Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 V NO	If yes	DECENDENT OF HISP i, specify Cuben, Mexi YES MO Spec	can, Puerto I		or No- 1	4. RACE Black, 1 Specify:	- American Indian, White, etc. White	
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S			16b	KIND OF BUS	SINESS/INDU	STRY	WILLEC	
(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	vork done during ne retired.)	g most of working		CA	Tanan L	1 _	Co	
12th.		Sales	s_Cle			.C. N		y s	00.	
17. FATHER'S NAME (First, Middle, Last)	In the second			18. MOTHER'S						
Dennis Colli	Lns	Lancino de la composición de l	1000000			Coll				
19a. INFORMANT'S NAME (Typo/Print) George Beuc	chort			eet and Number or Run					20627	
200. METHOD OF DISPOSITION	200	N PLACE AND DATE	F DE OISPOSIT	427 , F	iughe		e. M			
1 Buriel 2 Cremation 3 Red Donation 5 Other (Specify)	emoval from Stale	cemetal geryon	oSthe Brey	yantown	1				s Bryant	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1 22 NAM	E ANO ADORESS OF		12 0	C. III	ary	3 Diyant	
		7								
· () : 10	V Clas		Areh	nart Fun	eral				M1 000	
IMMEDIATE CAUSE (Fine)	or complications that cause re. Liet only one cause on e	ech line.	Areh 211 not enter the	nart Fun St. Mar mode of dying, an	eral y's uch se care	Ave . diac or resp	LaP1	ata	Approximate interval Between	
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DHMH-16 Rev 1/89

1 -	FOR STATE REGISTRAR
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9 2 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	DAY YEAR	3. TIME OF DEATN
	Jeane H. Donaldson					Jan 5	1992	10:30a M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In)	yra. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	362-14-4889	2x F 77	YRS.	MONTHS DAYS	HOURS MIN.	April 6,	1914 Pa.	• • • • • • • • • • • • • • • • • • • •
	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOWN	R LOCATION OF D	-	9c. COUNTY OF	DEATN
FUNERAL DIRECTOR	Calvert Manor Nursir	g Home		Rising	Sun, Md.		Cecil	
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ION			10d. INSIDE CITY
E	Del New Castle		1	Wilmingt	on			LIMITS?
7	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	
R	30 7			1	9808		USA	
빌	10 Inverness Court	A DECEDENT EVED IN U	0 101150			NIC ORIGIN? (Specify Y		E — American Indian,
ВУ	1 Never Married 2 Married FO	S DECEDENT EVER IN U RCES? 1 TYES YES, GIVE WAR OR DATE	2 NO	If yes, sp		an, Puerto Ricen, atc.)	Blac Spec	k, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ud) 1		USUAL OCCUPATI		16b. KIND OF B	USINESS/INDUSTRY	
Ē		pe (1-4 or 5+)	Ille. Do NOT us	work done during me se retired.)	of or working			
4	12 Son	ne	Housew	ife		Home		
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Meide	n Sumame)	
C	John A.Dochenderfer				Florence	Katie	Hench	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or To	wn. State. Zio Code)	
2						Vilmington		808
	Mark Donaldson 20e. METHOD OF DISPOSITION	200.0			metery, crematory or		OCATION — City or T	
	1 Burial 2 Cremation 3 Removal fro	m State 0	ther place)		111			
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 Per	rry Mon		em 1-15		ntiac Mic	iligali
	21. SIGNATURE OF FUNERAL SERVICE CO.	//				A STATE OF THE STA	ninina	. Com
	23. PART I. Entar the diseasea, or complic	1				neral Hom		Sun,
CERTIFICATION	shock, or heart failure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO)	LOCAL CONSEQUENCE OF CATON	Palm d Al	1085 5 mary "	Perege-	8-	Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	Hypollyno	ulcer	Dise		80phag	PERF		MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		OTHER:	LACE OF DEATH (C	heck only one)	_	
YS		petient 2 - ER/Outpet		4 Nursing Ho		6 Other (Specify)		
ву рн	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	8a, DATE OF INJURY (Month, Day, Year)	28b. TiN	JURY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE NOV	V INJURY OCCURED	
	3 Suicide 6 Could not be 4 Nomicide detarmined	8e. PLACE OF INJURY — building, etc. (Specif)	At home, farm,	street, factory, offi	:0	261. LOCATION (Stree City or Town, Sta	et and Number or Rural te)	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To describe the control of the control o							(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	lal-ICH	elen	71)	29c LICENSE NU	2307	1/6/	(Morth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF DEAT	ELM	() 123	SINGE	ERCY AVE	E, ELKT	12912 MD 21921
	JAN 07 '92	REGISTRAR'S SIGNAT	Pandell					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fund state death. Page 6 may be TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

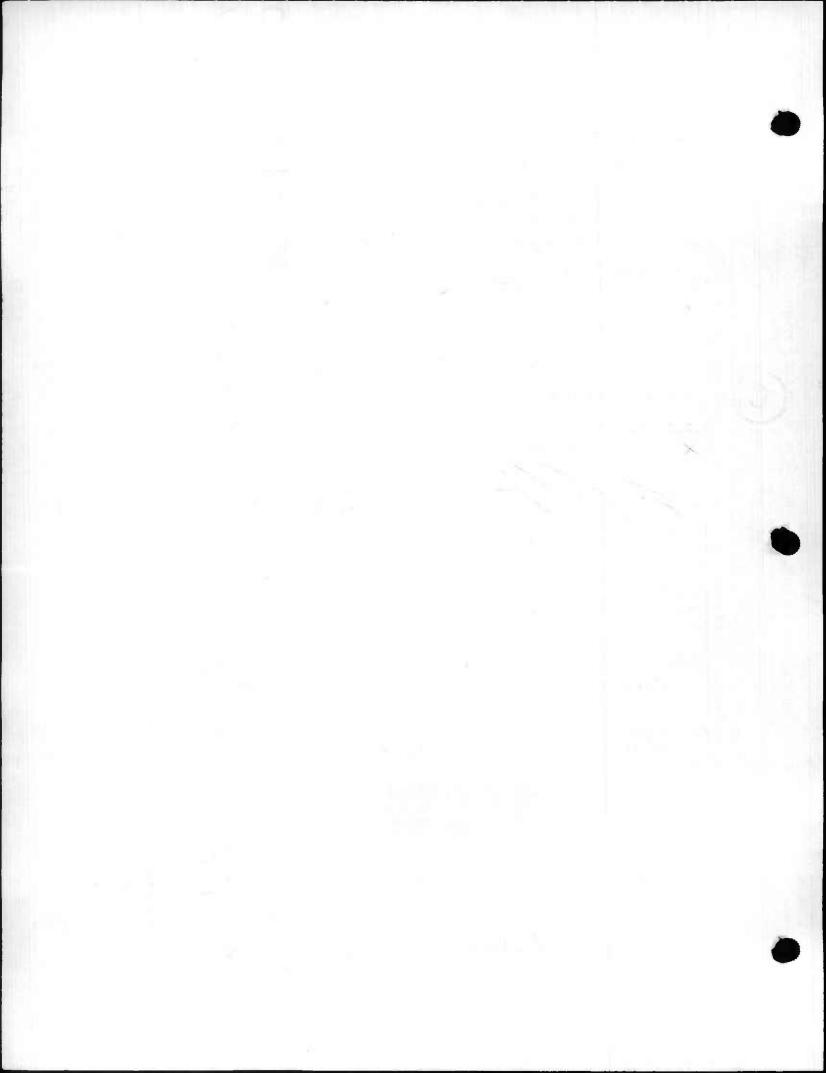
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be me

thed for use as the burial-transit permit. Pages 1, 2, 3 should

ospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

ours after death. Page 6 may be



	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPARTM	MENT OF I	HEALTH AND N	MENTAL	HYGIEN REG. NO.	92	0	0837	
4	1. DECEDENT'S NAME (First, Middle, Last)	Lotti	e Fis		AIL OI	DEATH	2. DATE O		199	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-38-2743	5. SEX	6. AGE (In yrs. 87	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7-27			6. BIRTH Countr Ma:	PLACE (State or Foreign y) ryland	
TOR	99. FACILITY NAME (# not institution, give st 16324 Dark Hollow RESIDENCE OF DECEDENT			91		or location of de					altimore	
DIRECTOR	Maryland 106. COUNTY	, Baltimore		10c. CITY, 1		erco					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	16324 Dark Hollor						1155			USZ		
à l	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, o	CENDENT OF HISPAN Decity Cuben, Mexice S 2 NO Specify	n, Puerto Ri		or No—	14. RACI Black Spec	E—American Indian, K, White, atc. My: White	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	cation completed) College (1-4 or 6 +	,	Give kind of work (Gho NOT use n	done during m tired.)	ost of working		Ralti			ntv	
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert B. Fishpar			0.1002		16. MOTHER'S NA Annie I	ME (First, Mi	ddle, Maiden		cou	icy	
10	190. INFORMANT'S NAME (Type/Print) James R. Abbott,					and Number or Aural I Rock Road					55	
	24. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 1 Donation 5 Other (Specify)	oval from State	20b. PLAC	e of disposition of the place) Emory C	on (Name of or Cemeter	metery, cremetory or			cation — c ister		wn, State wn, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIKE ### STEWERS	W. Ell	ine			S. Main	E	line t, Ha			Home Md. 21074	
	23. PART I. Enter the diseases, or ahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	se on eech l		anter tha m	farct in	h es cerdi	ec or resp	Iratory srr	eet,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	Consective Heart Failure to (OR AS A CONSEQUENCE OF):				and the same of th				lyear	
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	ns contributing to	death but no	t resulting in	the underlyl	ng cause given in	Part I.	24a. WAS AM PERFO	RMED?	241	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 700	
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient		THER:	PLACE OF DEATH (Ch						
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF (Month, D	ey, Year) F INJURY — At	26b. TIME (INJUF	M 1	IJURY AT YORK? YES 2 NO	26f. LOC/	TION (Street	end Number		Route Number,	
COMPLETED	4 Homicide determined		atc. (Specify)	death assumed	at the time day	to and alone and dur		or Town, State		ind.		
COMP	one) 2 MEDICAL EXAMIN	ER: On the beals of e				death occured at the	Ilme, date		nd dua to If	ne cause	e) end manner ee stated.	
TO BE	296. SEGNATURE AND THE E OF CERTIFIE	W O				29c. LICENSE NU	65				3, 1992	
	30. NAME AND ADDRESS OF PERSON WI	47 3111	Lanore	Pite	Home	steal m	2 1	4501				
	JAN 6 '92	Julia D	ANG SIGNATUR	fendall	,							

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Jiect Jiect	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at on
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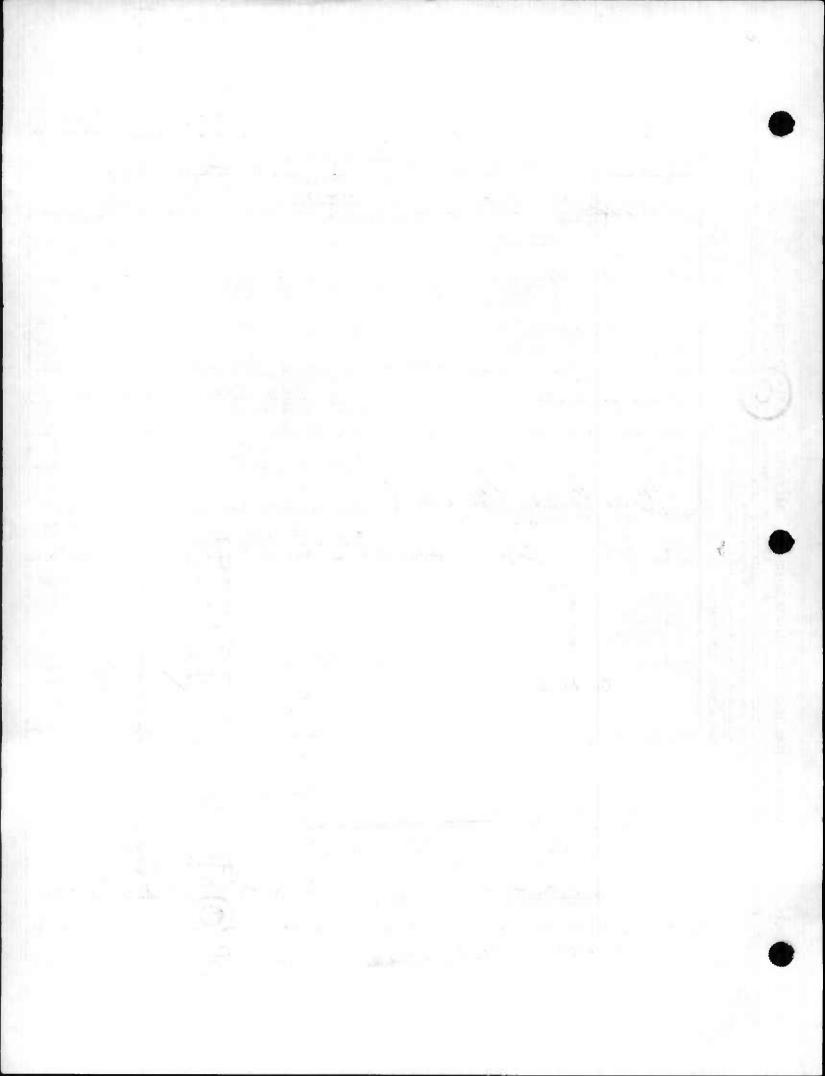
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND C		OF HEALTH AND E OF DEATH	MENTAL HYGIE	NE	000					
Į.	1. DECEDENT'S NAME (First, Middle, Last) A	LTON EARNE	WALTER	FARMER	2. DATE OF DEATH	DAY929 YE	3. TIME OF DEATH 22:12 PM					
oc	453-14-3359 9a. FACILITY NAME (If not institution, give atreet	SEX 6. AGE (In yrs. le	YRS. IF UNDER MONTHS	DAYS HOURS MIN	(Month, Day, Year) 01/24/19	0.5 OF						
- DIRECTOR	DORCHESTER GENERAL HOSPITAL CAMBRIDGE DORCHEST RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND DORCHESTER CAMBRIDGE											
BY FUNERAL	304 SUNBURST HIGHWA 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	AY WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 X IF YES, GIVE WAR OR DATES	NO	2161.	0f. ZIP CODE 21613 U.S.A. ICCENDENT OF HISPANIC ORIGIN? (Specify Yea or No—ppecify Cuben, Maxicen, Puerto Rican, etc.) 14. RACE — American Black, White, etc. Specify: WHITE/CAU							
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Give kind of work done fe. Do NOT use retired.)	during most of working	NEW	USINESS/INDUST ISPAPER on Surname)	RY					
O BE CO	17. FATHER'S NAME (First, Middle, Maiden Surname) WALTER S. FARMER 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)											
	MRS. KYUNG S. FARMER 20s. METHOD OF DISPOSITION 1 Secretary Cremation 3 Removal from State 20b. PLACE AND OATE Of DISPOSITION (Name of Cemetary, Crematory or other place) 20b. PLACE AND OATE Of CEMETERY 20b. PLACE AND OATE Of CISPOSITION (Name of Cemetary, Crematory or other place) 20b. PLACE AND OATE Of CEMETERY 1992 20c. LOCATION — City or Town, State of Cemetary, Crematory or other place) 21. Subnatural of Funeral Service Ucensee											
	23. PART I. Entar the diseases, or companock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	pplications that caused the ct only one cause on each life	10.		CAMBRID	piretory arrest						
ERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Description of Cause 24a. WAS AN AUTOPSY FINDER AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
YSICIA		EXAMINER? HOSPITAL: OTHER:										
BY	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A1 building, etc. (Specify)	28b. TIME OF INJURY M home, ferm, street, fac	28c. INJURY AT WORK? 1 YES 2 NO	26f. LOCATION (Stre	28d. DEŞCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)						
COMPLETED	(Crieck Only	IN: To the best of my knowledge, On the basis of examination and/o					suse(s) and manner as stated.					
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		VET.	29c, LICENSE	NUMBER -165	29d, OATE Si	GNEO (Month, Day, Year)					

CAMBRIDGE.

DR. MAHMOOD SHARIFF
31. DATE FILED (Month, Day, Year)

JAN - 6 '92

DHMH-16 Rev 1/89



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	CATION	
	CERTIF	
	MEDICAL	
	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
	ВУ	
	ETED.	
	COMPL	
	BE	
	2	

5

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
TIMOTHY	ERIC		GROS	S	01 07	1992	1:01P M	
		MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	IRTHPLACE (State or Foreign ountry)	
	🔀 M 2 🗌 F	25 YRS.	NIHS DAYS	HOURS MIN,	March 21-		Maryland	
9e. FACILITY NAME (If not institution, give street			CITY, TOWN	R LOCATION OF D	EATH	9c. COUNTY (OF DEATH	
CALVERT MEMOR	IAL HOSPIT	CAL	PRIN	CE FRE	DERICK	CA	LVERT	
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY	
Maryland Cal	zert	D	owell				LIMITS?	
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
125 Newtown Road				20629			SA	
	2. WAS DECEDENT EVER IN U	I.S. ARMED			NIC ORIGIN? (Specify)	tes or No- 14. F	RACE — American Indian,	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specific	nn, Puarto Ricen, etc.)		Black, White, etc.	
							Black	
15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	Give kind of work	done during mo:	N st of working	16b. KIND OF B	USINESS/INOUSTR	TY .	
Elementary/Secondary (0-12) 0-11	College (1-4 or 5+)	life. Do NOT use rel			,,	_		
17. FATHER'S NAME (First, Middle, Last)		Boat	Repair			n Boat	Yard	
Joseph Franklin	Cross				ME (First, Middle, Maide	,	1	
19a. INFORMANT'S NAME (Type/Print)	G1058	10h MAII INC AOI	20500 (0		Virginia J Route Number, City or To			
Zelda J. Gross		1					"	
20s. METHOD OF DISPOSITION	20h Pi	LACEAND DATE OF DE			Maryland	OCATION — City of		
1 St Burlat 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	I from State cameta	ery cremetory or other	nlacel		1/10/92			
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	c. Johns		D ADDRESS OF FA		Lusby, 1	Ma	
I spances &	0000000						Beach Rd.	
23. PART I. Enter the diseases, or con	Service		Sewell	Funeral	L Home Pri	nce Fre	derick, Md	
shock, or heert failure. Lia iMMEDIATE CAUSE (Final disease or condition resulting in death) s	t only ona cause on esci	DCUTTON	J		The second secon	printing arrest,	Approximeta interval Between Onset and Death	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	OUE TO (OR AS A CO							
PART II. Other significent conditions of	ontributing to death but	not resulting in th	ea underlying	ceuse given in	Pert I. 24s. WAS A PERFC X1X YES	PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? X X YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26 PH	ACE OF DEATH (Ch	ack anti-anti-			
EXAMINER?	OSPITAL: topatient 2X XER/Outpetic		HER:					
27. MANNER OF DEATH	28e. OATE OF INJURY	26b. TIME OF	28c. INJU		6 Other (Specify) 26d. DESCRIBE HOW	IN HIPM COCURED		
1 Natural 5 Pending	0 1 0 7 1 9	INJURY	WOF	IK?				
256 ACCIONEM								
4 Homicide 6 Could not be	WASHBU				City or Town, State	9)	2.5	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL 2X MEDICAL EXAMINER: C	N: To the best of my knowledge	ge, death occurred at	the time, date	and place, end due	to the ceuse(s) end ma	nner es stated.	, CALVERT (O	
790. SIGNATURE AND TITLE OF CERTIFIER	allega	d		29c. LICENSE NUN		29d, DATE SIGN	08 1992	
MARIO F. GOLLE	JR, MD 1	11 PENN	STREE		TIMORE, M			
31. DATE FILEO (Month, Day, Year) . IAN - 9 1992	32. REGISTRAR'S SIGNATURAL STATES	-Pandoll						

a in A.B. In P.S. L.S. II A.V.

Market Landy of the grown of the

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) BRANDON		GC	DUGH		2. DAT	TE OF DEATH	199	/EAR	TIME OF DEATH : 0 0 A . M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 3 Q	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH inth, Day, Year) L. 27-1		BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give a CALVERT MEMORI		'AL	9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	
100. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA						d. INSIDE CITY
Maryland Ca	lvert		Prince F	rederic	k		10g. CITIZE		☐ YES 2 🔯 NO
95 Mason Road	10 Mac December eve			20678			US		
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XNO	If yee, as	DENDENT OF HISP Hecity Cuban, Mexic 3 2 X NO Spec	cen, Puerti	ilN? (Specify Yes on Rican, etc.)	or No—	Black, W	American Indian, hite, etc. Black
15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of v life. Do NOT us NONE	USUAL OCCUPATI work done during me se retired.)	ON ost of working	10	Sb. KIND OF BUSI	NESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Last) John Gough				18. MOTHER'S N		, Middle, Melden S 1g	urneme)		
190. INFORMANT'S NAME (Type/Print) Sarah King			ason Roa			mber, City or Town, rederic			78
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	ovel from State	206. PLACE AND DATE COMPLETE, CONTROLL	of Disposition (No.	em. 1	/10/		ation — cit		State
21. SIGNATURE OF FUNERAL SERVICE LIC		00	22. NAME A	ND ACCRESS OF F		1451	Dares	s Bea	ich Rd.
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	Infant De s a consequence of s a	P):	drome					Onset and Death
PART II. Other significant condition.	a contributing to death	n but npt resulting I	in the underlyin	g cause given li	n Part I.	24e. WAS AN A PERFORM 1 YES 2 [ED?	CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/O	tutpatient * 3 🗆 DOA	OTHER:	ACE OF DEATH (C		,			
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Year		URY WO	URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW INJ	URY OCCUP	RED	
3 Suicida 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, term, e specify)	treet, tectory, offic		28t. LO C/t)	CATION (Street end y or Town, State)	d Number or	Rural Route	Number,
2 MEOICAL EXAMINER	CIAN: To the best of my kn	owiedge, death occurre	od st the time, date	eath occured at th	e time, del	and plece, and	dua to the c		
29b. SIGNATURE AND TITLE OF CERTIFIER	faller	D 1/1		O . C . M .					nth, Day, Year)
SO. NAME AND ADDRESS OF PERSON WHITE MARKO F. GOLLE 31. DATE FILED (MORTH, DON, JOSE)	JR MP		ENN ST	REET BA	ALTI	MORE M	ARYL	AND	21201
JAN - 9 1992	Frena Davidso	n-ganded							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. 2. be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

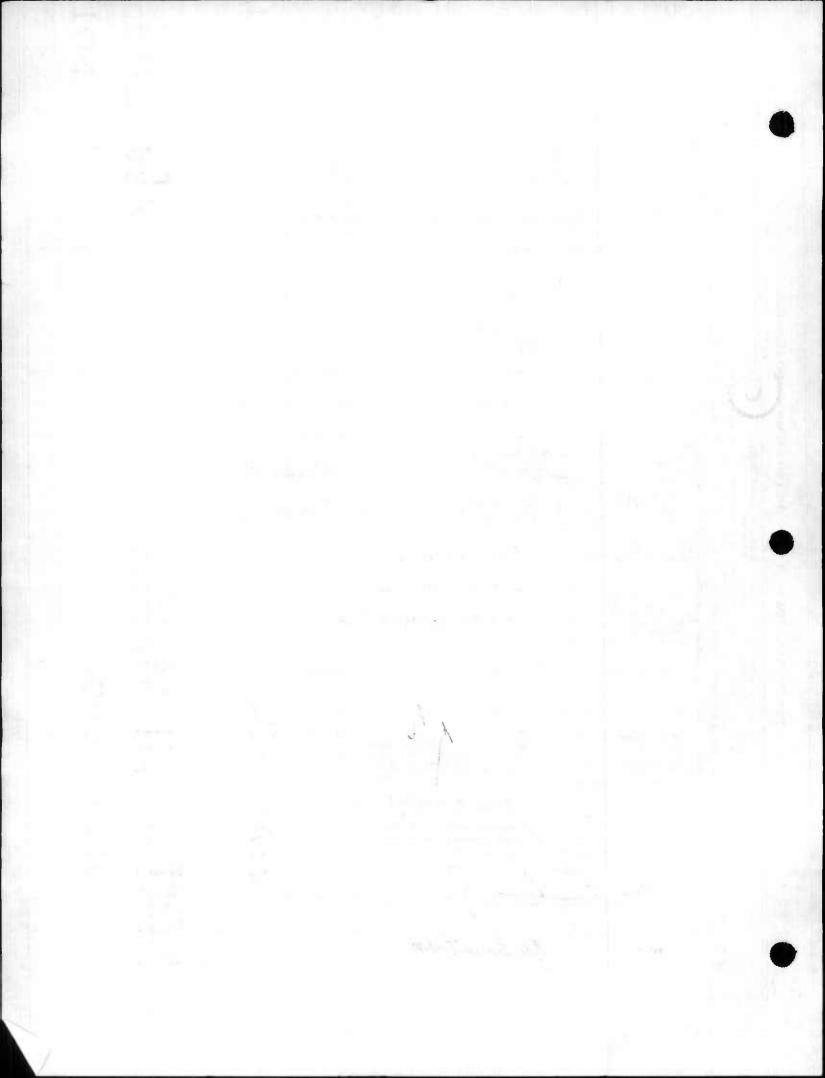
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE O	OF DEATH		VEAD	3. TIME OF DEATH	
Į,	Ellen Lucil									92	20:35 M				
1	4. SOCIAL SECURITY NUM	. last birthday)						7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign				
	237-34-750	08	1 🗌 M 2 💢 F	73	YRS.	MONTHS	DAYS	HOURE	MIN.	7-23-18			Virginia		
	9a. FACILITY NAME (# not it		96. CITY	, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF E					
	Union Hospital						Elkton Ceci					ecil			
1							OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	Maryland	Cec	il		North East								1 X YES 2 NO		
1	10e. STREET AND NUMBER				W 19		10	H. ZIP COD	E	10g. CITIZEN OF			ZEN OF	WHAT COUNTRY?	
	9 Rone	v Ave.			21901									USA	
ı	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED			CENDENT (OF HISPAI		(Specify Yes	or No-	14. RAC	E — American Indian, k, White, etc.	
	1 Never Merried 2 3 Widowed 4 Div		IF YES, GIVE V	MAR OR DATES	∆ ino	If yes, specify Cuban, Mexican, Pur 1 YES 2 NO Specify:					ican, atc.)		Spec		
	15. DEC	CEDENT'S EDU	ICATION	DECEDENT'S	USUAL O	CCUPAT	ION		16b. KIND OF BUSINESS/INDU			DUSTRY			
	Elementary/Secondary (College (1-4 or 8	+)	(Give kind of work done during most of working life. Do NOT use retired.) homemaker										
	5		n/a								home				
	17. FATHER'S NAME (First, A	ER'S NAME (First, Middle, Last)					16. MOTHER'S NAME (First, Middle, Me					Sumeme)			
	Samuel Jos	seph P	ressnell		Mattie Co						Proct	or			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Street	end Numbe	r or Rural	Route Numb	er, City or Tow	m, State, Zh	Code)	V _a	
	Janice S. 3	Jackson	n		182	Cour	ntry	side	Ln :	Bear,	DE	19701			
	204 METHOD OF DISPOSIT 1 Department 2 Cremeti 4 Donation 5 Othe	on 3 🗆 Rem	noval from State	of ceme	ACE AND DAT	v or other	place)			DATE		CATION —			
	21, SIGNATURE OF TWEEN		celvises 7	- wes	t Nott	.Inqn	NAME A	AND ADDRE	SS OF F	MCILITY C	rouch	ora,	Mary	zaiu	
Ì	> Make	17	//	.6							North				
	Sequentielly list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAI	ING ury	b. SHA DUE TO C. DUE TO		MSEOUENCE C	145 OF):	95								
		-	d							- 1					
	PART II. Other aignificant conditions contributing to death but not resulting					in the u	ndenyii	ng cause	given in		24a. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED	TO MEDICAL					26. 1	PLACE OF	DEATH (C	heck only on	e)				
	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE		me 5 🗆 F	lesidence	6 🗆 Othe	r (Specify)	177	1		
	27. MANNER OF DEATH 1 Neturnl 5	Pending Investigation	28a. DATE O (Month.	F INJURY Day, Year)	28b. Til		28c. II	JURY AT		e 6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED					
	2 Accident 3 Suicide 6 4 Homicide						ATION (Street or Town, State	ION (Street and Number or Rural Route Number, Town, State)							
	(Orlock Only		SICIAN: To the best of											(e) end manner as stated.	
	296. SIGNATURE AND TITL	E.	Von	2					DD32			29d. DA		D (Month, Day, Year) 3–92	
	Thomas E. H			ONT AV		oe, Print) orth	Fac	+ N/T	2	1001					
- 17			32. REGISTA			JI CII	Las	L, M) 2	1901					



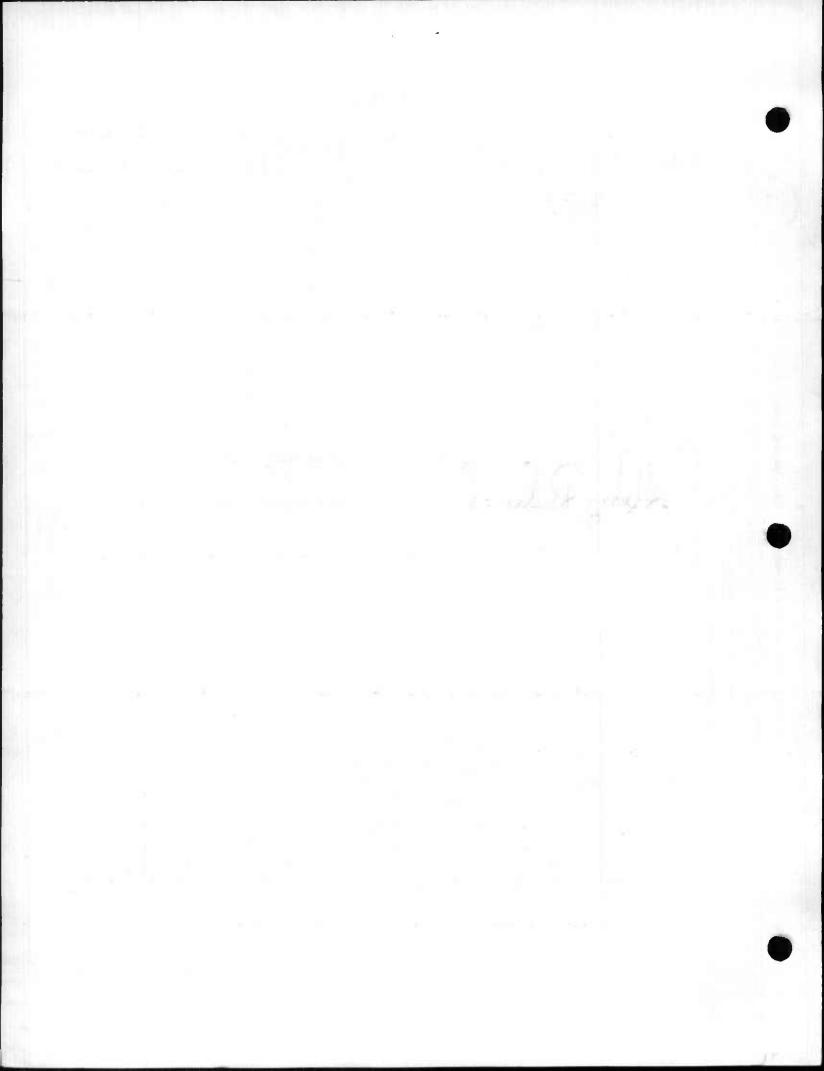
nit. Pages 1, 2, 3 should BALTIMORE MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised to THE FUNERAL DIRECTOR: After this certificate has been signed by the law within 12 hours after death with the Shate Processing of the proces

ntil the state bept. of rearth and memal rygiene prior to bunat, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director made are the burial-transit permit. F	eachiner must * autilitied at once. TO BE COMPLETED BY FUNERAL DIRECTOR	INFORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must continued at once. BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pages are detached for use as the burial-transit permit. Pages 1, 2, 3 s filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must a multiple of once.	arked, or item 23 shows any Injury, or other traumatic event, the medic

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DI CER			TOF H			MENTAL HYG			
		Betty CL	ou Virg	_					2. DATE OF OEA		YEAR	3. TIME OF DEATH 3. DE AM
		1	6. AGE (In yrs. last bir		IF UNDER	DAYS	# UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye		8. BIRTI	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street	□ M 2 0 F	64	YRS.		CITY, TOWN OR LOCATION OF DEA			8/26/27 Marylan			vland
R	The Pacific Name (II not institution, give street	and number)								9c. COUNTY OF DEATH		
СТО	RESIDENCE OF DECEMENT HOSPIES Baltimore City											
IRE	10a. STATE 10b. COUNTY		1	Oc. CITY	, TOWN C	OR LOCATI	ON					10d. INSIDE CITY
LD	Maryland Carro	11			Wes	tmina						1 YES 2 X NO
ERA	2035 Mayberry Rd.					107.	ZIP CODE			10g. Cl		WHAT COUNTRY?
FUNERAL DIRECTOR			EVER IN U.S. ARMEC)	13.	WAS DECE	NDENT O	158	IC ORIGIN? (Specif	v Yes or No —	U.S	E - American Indian
В	1 Never Merried 2 KMerried 3 Widowed 4 Divorced	YES 2 X NO	If yes, specify Cubsn, Mexicen, Puerto Rican, etc.) 1 YES 2 X NO Specify: Specify:							k, White, atc.		
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co.	ION mpleted)	16e, DECED	ECEDENT'S USUAL OCCUPATION Sive kind of work done during most of working								
, E		College (1-4 or 5+)	We Do	NOT use	retired.)	daring mos	CO WORK	y				
MC	17. FATHER'S NAME (First, Middle, Last)		se	ams	tres	S				ewing factory		
	Arthur Nathaniel S				18. MOTH	iden Surneme)	neme)					
BE (190. INFORMANT'S NAME (Type/Print)	carner	19b. Ma	AILING A	ADDRESS	(Street en	d Number		tha Sho		in Codel	
10	Glenn E. Gonder					rry			stminst			58
	20g, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remove	I trom State	20b. PLACE AND	DATEO	FDISPOS	ITION /Nam				LOCATION -		
	4 Donation 5 Other (Specify)		Baust	Cen					1/7 I	yrone,	MD	
	Catharine O.	Want.	Sen		22.				D.D.	Hartz1	er &	Sons
	23. PART I. Enter the diseases, or con	plications that	sausad the death.	. Do no	ot antar	tha mod	le of dyl	ng, such	as cardiac or r	eapiratory ar	reat,	Approximate
	shock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in daeth) a	Resi	Oralow	F	ailu	u_						Intarval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence op): Due to (or as a consequence op): Due to (or as a consequence op):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d d											
CAL	PART II. Other significant conditions of	ontributing to d	eath but not resul	iting in	the un	darlying	cause g	iven in P		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC										FORMED? S 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S		OSPITAL:			OTHER		CE OF DE	ATH (Chec	ck only one)	1 2		
HYS	1 YES 2 ND 1	28e. DATE OF IN	ER/Outpatient 3 🗆 D		4 - Nurs	ing Home			Other (Specify)	Hespi		
BY PI	1 Natural 5 Pending Investigation	(Month, Day,	Year)	INJU	RY M		K7		28d. DESCRIBE HO	м інлину фс	CURED	
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF building, et	INJURY — At home, (c. (Specify)	ierm, atr	reet, facto	ory, office			28f. LOCATION (Sti City or Town, S	eet and Number tate)	or Rural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the bast of m	y knowledga, death o mination and/or inves	occurred tigation,	at the tir	me, data a	nd pleca, ith occurs	and due to	o the ceuse(e) end me, date and place	menner as ata	led. ne cause(s	end manner se stated.
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER	phons	MD				29c. LICE	145	DER -	29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITEM 27)	YAZDE, F		217					- 1 . 1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR										

ГЕ	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last BETTY	*			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	L.	HAINES (In yrs. last birthday)	DER 1 YEAR IF UNDER 24 HRS.	01 08	92	10:08 P
235-56-3713	1 □ M 2 □√F	53 YRS. MONT		Jan. 13, 19	Counti	
9e. FACILITY NAME (If not institution, give	street and number)		TTY, TOWN OR LOCATION OF I		c. COUNTY OF D	Ceyser, WV
Memorial Hospita	a1		Cumberland		Allegan	
10e. STATE 10b. COUN	пу	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
	neral_		Kevser			LIMITS?
10e. STREET AND NUMBER			10f. ZIP CODE	10	g. CITIZEN OF V	WHAT COUNTRY?
245 Maple A			267	26	U	ISA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	II. WAS DECENDENT DF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	No — 14. RACE Black Speci	
15. DECEDENT'S ED	DUCATION	180, OECEDENT'S USUA	OCCUPATION	16b. KIND OF BUSINE	SS/INDI ISTOV	White
(Specify only highest grad	de completed) College (1-4 or 5+)	(Give kind of work do	ne during most of working	100. KIND OF BUSINE	33/MD031H1	
8		Homen	naker		Own Hom	i e
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden Surn		
William Nash	ville Davy		A	lice M. Day		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street end Number or Rural		tate, Zip Code)	-
Frank D. Ruble		245 Map 3	e Avenue, Bo	x 4 Kevser	. W.Va.	26726
20e. METHOD OF DISPOSITION 1 Translated 2 Cremation 3 Res		b. PLACE AND DATE OF DISE	OSITION (Name of		ON — City or To	
4 Donation 5/Donation (Specify)		Potomac Men	orial Garden	s 1/11/92 Key	ser, W.	Va.
21. SIGNATURE OF FUNERAL SERVICE L) VIII (Rotruck Fune	85		n Street V 26726
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	bDUE TO (DR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEQUENCE OF):	Rome ZRE			
PART II. Other significant condition	ons contributing to death	but not resulting in the	underlying couse given in	PERFORMED)?	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 Q YES 2 XX		DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE DF DEATH (C	heck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA 4 1	ER: fursing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW INJUR	RY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, ferm, street, secify)	actory, office	281, LOCATION (Street and A City or Town, Stete)	lumber or Rural R	loute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowler: On the beele of examination	wiedge, desth occurred at the	e time, date end place, end du y opinion, death occured at the	to the cause(e) end menner time, dete end piece, end du	es stated.) end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	^	1112	29c. LICENSE NU	MBER 29		(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HD COMPLETED CAUSE OF D	FATH (ITEM 27) (Toma Direct)	D 354	81	1/2	72
			o me tealer	1500		
Dr. Mark Sagin,	Memorial Hos	birar, camp	erland, MD 2	1502		
JAN 1 6 1992	JZ. REGISTRAR'S SIG	NATURE				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Albertas	tewart Ingram		2. DATE OF DEATH DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. light birthday)	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, give street FAILSTON GENERAL RESIDENCE OF DECEDENT	end number) RAL HOSPITAL	FG/15ton	EATH 9c. COUNTY HAN	of DEATH FOID
DIRECTOR	MD Harf		TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 Per 2 No
FUNERAL	325 Clyde Ct.		101. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify		RACE — American Indian, Black, White, atc. Specify:
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	(Give kind of wor life. Do NOT use i	rk done during most of working retired.)	16b. KIND OF BUSINESS/INDUST	TRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1	WIFE 18. MOTHER'S N.	AME (First, Middle, Maiden Surname)	
BE (194. INFORMANT'S NAME (Type/Print)		DORESS (Strept and Number or Flurgh	V C/1 N TON Route Number, City or Town, State, Zip Col	de)
10	Ransom INGT	ram 325 C	clyde Ct.	Abingdon	
MUST	26a, METHOD OF DISPOSITION 1 Buriel 2 Cramation 3 Remove 4 Donation 6 Other (Specify)		of pisposition (Name other place) Name of Mex	Delail.	MD
Схашіве	21. SIGNATURE OF FUNERAL SERVICE LICEN MULDIC 16	Bland	22, NAME AND ADDRESS OF F	ACILITY A DATE A DAT	A by
ERTIFICATION TO BE COM	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate	philationa that caused the death. Do not the philation of	l Disense		Approximata Interval Between Onset and Desth
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
snows any injury,	PART I Diher algnificant conditions	contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
3 4	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
YSICI/	1 Tes 2 No		OTHER: I Nursing Home 5 Residence	6 Other (Specify)	
~	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) 26b. TIME INJUI		28d. DESCRIBE HOW INJURY OCCUP	RED
TED TED	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	reet, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
의 건	cont only	N: To the best of my knowledge, death occurred On the basis of axamination and/or investigation,			ause(a) and manner as stated.
BE	29 MATURE AND TITLE OF CERTIFIER	rehitmo	DITTO	JMBER 29d. DATE S	ICHED (More), Day, Year)
2	ANTE IN IN	COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, F	Home of	le Grove Me	1 21170
	31. DATE FILED (Month, Paya Near)	32. REGISTRAR'S SIGNATURE	0 1		0/8

he detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician.

LAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

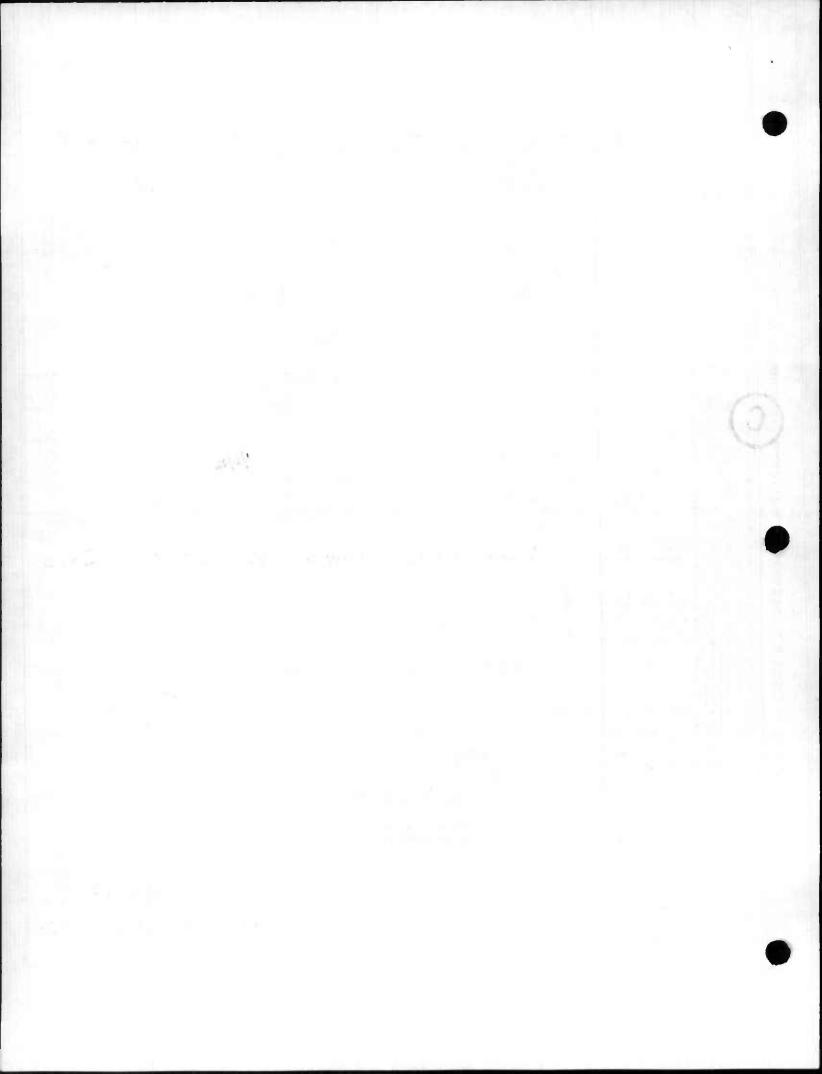
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The first of the funeral director is the first of the firs		If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not
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DIREC	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Las	Irene Cook	Lo	VELL		2. DATE OF DEATH MONTH	DAY Y	YEAR 2 110 M
	216-80-3944	1 - M 2 AF 7	(In yrs. lest birthdey) 7 1 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Apr. 2, 192	20 N	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give Carroll County C	General Hospit	al		stminste		ec. county	Y OF DEATH CYO11
DIRECTOR	10e. STATE 10b. COUNTY	Carroll	10c. CITY	V, TOWN OR LOCAT	Windsor			10d. INSIDE CITY LIMITS? 1 YES 2 T NO
FUNERAL	100. STREET AND NUMBER 2074 Dennings Ro	pad		101	21776	5		N OF WHAT COUNTRY? J.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Amerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Speci	NIC ORIGIN? (Specify Year, Puarto Rican, etc.)	e or No- 14	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ET (Specify only highest gre Elementary/Secondery (0-12) 10 Yrs	College (1-4 or 5+) NONE	life. Do NOT use	vork done during mo		16b. KIND OF BU	SINESS/INDUS	TRY
BE CON	17. FATNER'S NAME (First, Middle, Lest) Chester F. Cook	, Sr.			18. MOTNER'S NA Harri	et Petry	Sumame)	
TO	19a. INFORMANT'S NAME (Type/Print) Allen C. Lovell			ADDRESS (Street • Dennings		Route Number, City or Tex (ew Windson		
	20s. METHOD OF DISPOSITION 1 Results 2 Cremetton 3 Results 2 Other (Specify)	moval from State	PLACEAND DATEO etery, cremetory or off James	Cemeter	У	1/6/92 Der		y or Town, Siete Maryland
	21. SIGNATURE OF FUNERAL SERVICE	Sanis	p.	Bur: Win:	Field, M	eral Home aryland	21784	
CERTIFICATION	23. PART i. Entar tha disease, or ahock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	s. ACTERIOSCLE BUE TO (OR AS A	ach lina.	COLONAR)				t, Approximats interval Batween Onset and Death
SERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
MEDICAL	PART II. Other significant condition	ons contributing to death be	ut not resulting in	n tha underlying) cause given in	Part I. 24a, WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
HYS	1 YES 2 NO	1 Inpatient 2 FR/Outp	28b. TIME	OF 28c. INJ	JRY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WO	RK? ES 2 NO			
- 10	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, st	treet, lectory, office		261. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
COMPLETED		SICIAN: To the best of my knowledge. On the basis of examination						euse(e) end menner ea stated.
H	296, SIGNATURE AND TITLE OF CERTIFI	Eulos A	Jenou G		29c. LICENSE NUI	WBER SS	29d. DATE SI	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W Arthur L. Ru	HO COMPLETED CAUSE OF DEA		Print)	DE BL	W WES	TYNS	STER MD
	31. DATE MED (Mooth, Tal. 2001)	AZ PESIEDROP & SIPIL						



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e hospital or attending physician.

MARYLAND 21215-0020

BALTIMOR Page 6 mm

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the attending physician. Mental Hygiene prior to

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Sulia Davidson Pandall

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Of 2 YEAR Charles LoRocco 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (Ste 10/07/06 1 M 2 F Sicily, 140-03-5636 Italy 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Carroll MD Westminster 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Frizzellburg Road 805 S. 21158 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest Elementary/Secondary (0-12) Collega (1-4 or 5+) 4 chemist Allied Signal notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Paul LoRocco Nancy Ann Grillo BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Ploute Number, City or Town, State, Zip Code) 2 Wilder Frizzellburg Nancy Rd., Westminster, MD pe 26F METHOO OF DISPOSITION
112 Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE must Evergreen Cemetery Elizabeth, NJ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts 412 Washington Rd., Westminster, MI 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximata shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition resulting in death) MOS event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? NOSPITAL: OTHER Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY - At home, farm, atreet, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A Pours after d 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER: On the best of azaminstion and/or investigation, to my college, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNEO (Month, Day, Year) 5 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

RECORDS, P.O. BOX 68760, The law r DIVISION OF VITAL HOSPITAL OR ATTENDING PHYSICIAN:

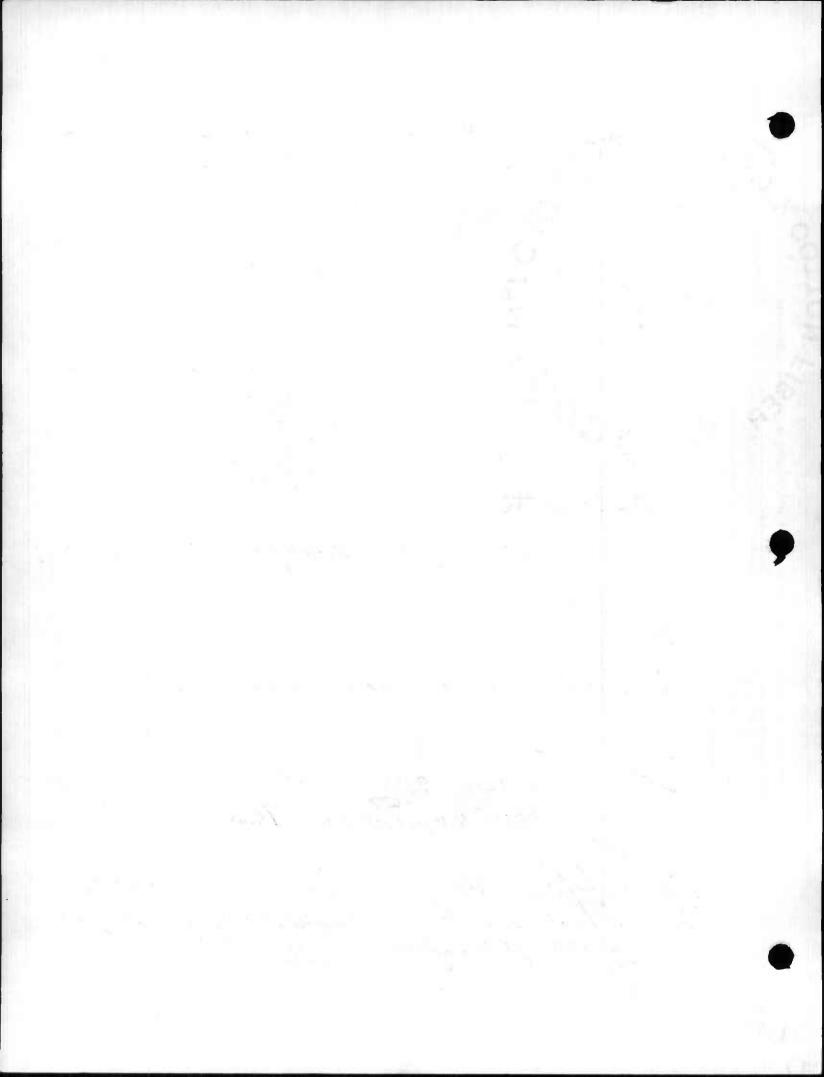
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I			NE .	0040
	1. DECEDENT'S NAME (First, Middle, Last) Stanislaus	Kavier	Mayhe			2. DATE OF DEATH MONTH January		3. TIME OF DEATH
1	E77 07 0000	6. AG	E (In yrs. lest birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12-13-19	8.	BIRTNPLACE (State or Foreign Country) M.D.
HOL	9a. FACILITY NAME (If not institution, give stree Calvert Memoria RESIDENCE OF DECEDENT				or Location of Di ce Freder		9c. COUNTY Ca	of DEATH LIVERT
DIRECTOR	10a. STATE MD 10b. COUNTY Calve	ert		ry, town on Loca unting t			Т	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 2480 BC	xwood Pl	ace	10	2 0 6 3 9		10g. CITIZEN	A A
BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yee, s		NIC ORIGIN? (Specify Ya in, Puerto Rican, atc.) y:	a or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	FION impleted) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ost of working	GOV. I		ng Office
BE CON	17. FATHER'S NAME (First, Middle, Last) William Mayhe	2 W			All Control of the Co	ME (First, Middle, Meider ttie Adam	Sumame)	
TO 8	196. INFORMANT'S NAME (Type/Print) Arleen F, Mayhe	e w			and Number or Rural	Route Number, City or Tow above	vn, State, Zip Co	de)
	20a. METHOD OF DISPOSITION 1 12 Burlai 2 Cremation 3 Removid 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	ol from State C	Ob. PLACE AND DATE emetery, crematory or Ft. Linc	oln Cem	etery 1	/9/92 Br		od MD
CERTIFICATION		CONGB DUE TO (OR AS	TIVE A CONSEQUENCE OF	HART MILLON	FAIL	NA	olratory arreat	t, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions TO HRUNIC ORGANIC				g cause givan in	Part I. 24e. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			I
	27. MANNER OF DEATN 1 Matural 5 Pending	28e. OATE OF INJUR (Month, Day, Year	Y 28b. TH	AE OF 28c. IN JURY W	JURY AT DRK? YES 2 NO	8 ☐ Other (Specify) 26d. DESCRIBE NOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)			281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:							ause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND THEE OF CERTIFIER	This	12		29c. LICENSE NUI	MBER 6 358	29d. DATE S	IGNEO (Month, Day, Year)

10 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

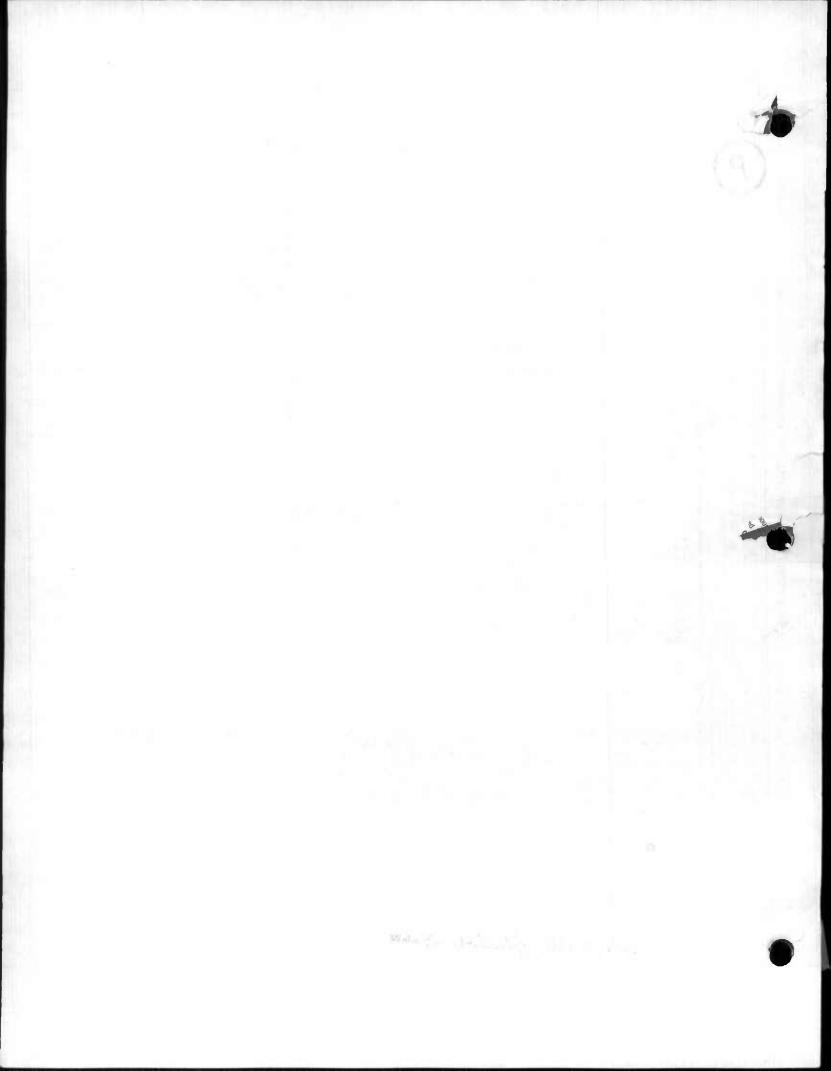
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92 32. RICHARDS SIGNATURE Randall JAN 10 1992

30. NAME AND AD

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BALTIMORE, MARYLAND 21203-3146	ath certificate be executed within an wours after death. Page 6 may be retained by the hospital or attending phy
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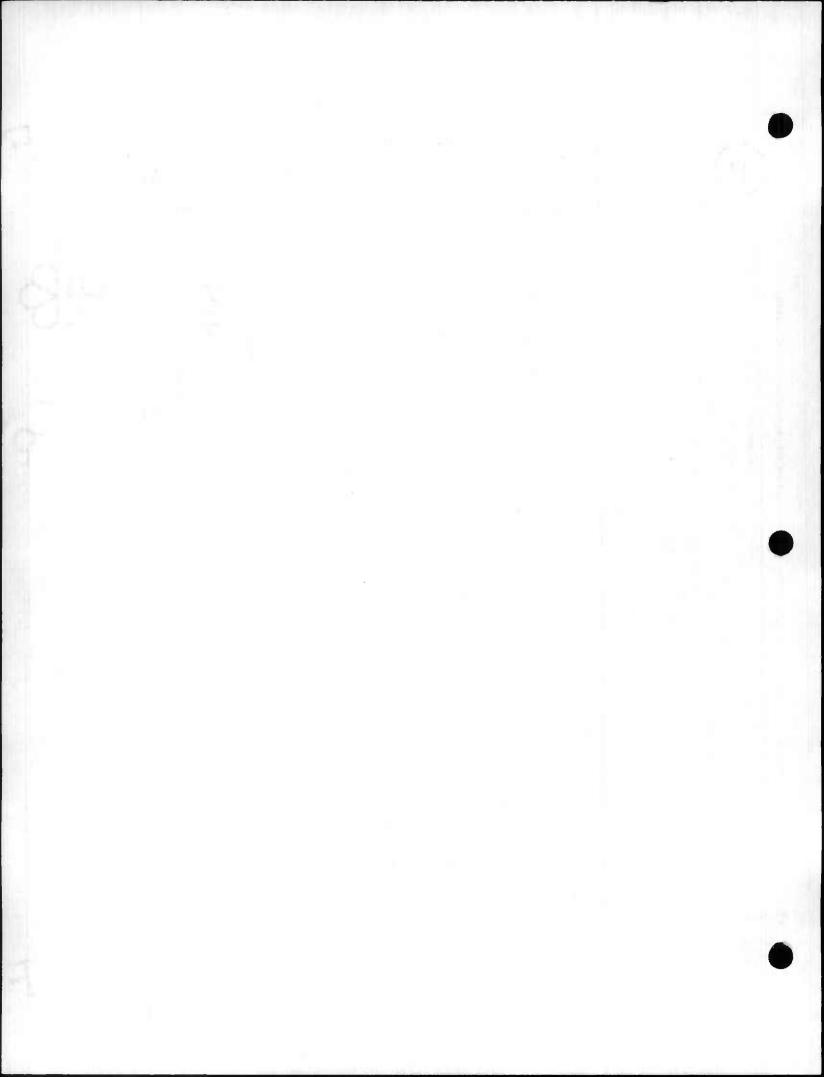
FOR

2 1992

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 9:00 Emory J Meeks January 1,1992 OL, M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 278 18 4391A 1- M 2 F 69 YRS. March 21 ,1922 Kentucky 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Soundings Road DIRECTOR Solomons Calvert ci RESIDENCE OF DECEDENT Pages 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY Maryland Calvert Solomons 1 YES 2 W NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL P.O. Box 518 , 40 Soundings Road 20688 burial-transit USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 J. Marrie white BY 3 Widowed 4 Divorced the WWIT 38 03 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION use (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) E Į Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4+ engineer US Government page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emory N. Meeks 7 Alice Roberts notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Meeks P.O. Box 518 Solomons Maryland 20688 9 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must the funeral director, 1 Sp Burial 2 ☐ Cremation 3 14 4 ☐ Donation 5 ☐ Other (Specify) Ripley West Virginia Fairplain Cemetery medical examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSI Rausch Funeral Home 4405 Broomes Is. Rd. Port Republic Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate filled in by interval Between ahock, or heart fallure. List only one cause on each ilne. 0 **Onset and Death** IMMEDIATE CAUSE (Final event, the cremation, disease or condition_ completely resulting in death) DUE TO (OR AS A CONSEO other traumatic CERTIFICATION been signed by the attending physician and t. of Health and Mental Hygiene prior to bur Sequentially list conditions, SEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, requires that the de PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 YES 2 NO has be Dept. OR ATTENDING PHYSICIAN: The law 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL ltem. r this certificate h HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After t 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) FUNERAL DIRECTOR: Af within 72 hours after de TTANT: If Item 28 is i 3 Sulcide 69 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II nd/or investigation, in my opinion, death occured at the time, data and place, and due to 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 12705 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON 10+ Emad AlBanna M.D. Prince Frederick, Maryland 20678 12. REGISTRAR'S SIGNATURE Fulia Davidson-Randall Gratis 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI

1. OECEDENT'S NAME (First, Middle, Last)	CHAEL	MALONE	-U			2. DATE OF DEATH	W C	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda		T minen			- 0	4:00 7
213-48-6635	1 V 2 0 F	42 YRS	MONTHS DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)
9e. FACILITY NAME (If not institution, give		42				6/25/49	1	MD
90 Perch Creek			9b. CITY, TOWN		ON OF DEAT	тн	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT	c Ru.		Elkt	on				ecil
10e. STATE 10b. COUNT	ry	10c. C	TTY, TOWN OR LOCA	ATION				10d, INSIDE CITY
MD	Cecil			******				LIMITS?
10e. STREET AND NUMBER	26611		Elkton	of, ZIP CODE				1 TYES 2 NO
90 Perch Cr	cools Da						10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS				219				SA
1 Never Merried 2 Merried	12. WAS OECEDENT & FORCES? 1	YES 2 THO	If yes, o	pecify Cuber	n, Mexicen, I	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No-	I. RACE — American Indian, Black, White, etc.
3 Widowed 4-Divorced	IF YES, GIVE WAR	P OR DATES		S 2 X NO				Specify: White
15. DECEDENT'S EDU	ICATION	T 464 DECEDENT	- HOUSE CONTRACT					
(Specify only highest grade	le completed)	(Give kind o	'S USUAL OCCUPATI of work done during m use retired.)	ION lost of working	9	16b, KIND OF BUS	SINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	100						
12		Sup	ervisor					ction
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	(First, Middle, Malden	Surname)	
Leo F. M	[aloney			Ma:	ry A	lagia		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILII	G ADDRESS (Street	end Number	or Aural Rou	ite Number, City or Town	n, State, Zip Co	ode)
Mary A. Malone	У	362	French	town	Rd	, Elkton	MD	21021
20s. METHOO OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION /N	lame of	110.	DATE 20c. LO	CATION — CIT	y or Town, State
1 No Buriel 2 ☐ Cremation 3 ☐ Rem	noval from State	cemetery, crematory o	other place)					
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /A	101d Boh	22, NAME A	MD ADORES	6/91	War War	wick	, MD
1). 00 7	Zu M.						50 F	. Main St.
scone	1.10		E11	kton	MD	21921	J S E	. Main st.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the careful physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

LAND 2 215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12

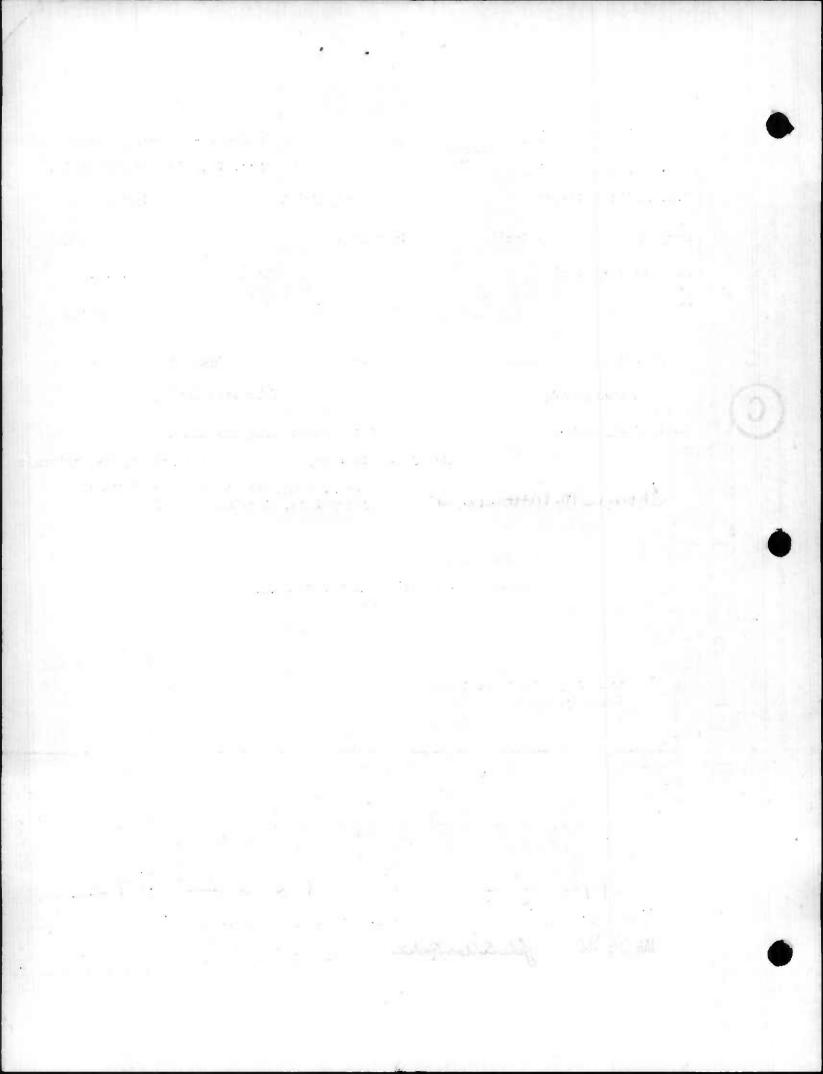
AND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAN	D / DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF D	EATH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAI	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest Lewis W. Mur					MONTE	_	1992	3. TIME OF DEATH 6:55A
4. SOCIAL SECURITY NUMBER 200 05 2231	1X M 2 □ F 72	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month NOV	OF BIRTH h, Day, Year) 26,19	19 Pen	HPLACE (State or Foreign try) nsylvania
9a. FACILITY NAME (If not Institution, give V.A. Medical Cen				Point	HTAB		Cec	
Maryland Cecil Conowingo							10d. INSIDE CITY LIMITS? 1 YES XXX NO	
104. STREET AND NUMBER	REET AND NUMBER 101. ZIP CODE							WHAT COUNTRY?
371 McCauley Roa 11. MARITAL STATUS 1XXNever Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DA	2 NO ATES	If yes, sp	ENDENT OF HISP/ ecify Cuban, Mexic XXX NO Spec	an, Puarto !	1? (Specify Yea or	No- 14. RAC Black	.S.A. CE — American Indian, ck, White, etc. city: White
15. DECEDENT'S ED (Specify only highest gran Elamentary/Secondery (0-12) Twelve Years	UCATION	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mo		16b	Unknov		Willed
17. FATHER'S NAME (First, Middle, Last) James Mur	nhv					Middle, Maiden Su Deth War	mame)	
19a. INFORMANT'S NAME (Type/Print) VAMC, Perry Poin	t		Perry	Point.	Route Num	ber, City or Town,	State, Zip Code)	
20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	other place) Grandvie	ew Cemet				isdale	, Pennsylvar
23. PART I. Enter the diseases, o	r complications that cause on e.	the death. Do n	Perry	A. Patte vville, de of dylng, su	Mary1	and 21	903	Approximate Interval Between Onset and Deatl
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST	a. Recurrent DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A		ve pulmo	onary di.	sease			
PART II. Other significant condition Coronary Schizop	artery disea		n the underlyin	g cause given i	n Part I.	24a. WAS AN AI PERFORM 1 YES 2X	ED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 ER/Outp		OTHER:	LACE OF DEATH (C				
27. MANNER OF DEATH 1XXNatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT DRK? YES 2 NO	_	SCRIBE HOW INJ	URY OCCURED	
3 Suicide 6 Could not b	e 28a. PLACE OF INJURY building, etc. (Special	/ — At home, farm, a cify)	treet, factory, offi	ia .	261. LOC City	CATION (Street and or Town, State)	d Number or Rura	I Route Number,
conton only	SICIAN: To the best of my know NER: On the bests of exemination							e(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	- stat			29c, LICENSE N		-7	DATE SIGNI	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V STEPHEN J.	VHO COMPLETED CAME OF DE KATZ, M.D.			Point, M	larvl:	and 210	72	
JAN 06 92	32. REGISTRAR'S SIGN			Jane / P	ME Y IC	ALICA 2130	<i>J</i> <u> </u>	



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ic event, t	
traumatic	
other	
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Injury,	
any	
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28 is marked, or Item 23 shows any Injury, or other traumatic	
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										9	4	UUR	<i>3</i> 0	12	
	FOR STATE REGISTRAR	STATE OF N	IARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)	Dahasah							2. OATE OF	F DEATH DA		YEAR	3. T	IME OF DEATH	_
	Robert	Robert	Kinn	PUCKII	iney				/	-5		92	9	7:40 A	M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UHDER		7. DATE OF	BIRTH Day, Year)				E (State or Foreign	
	221-07-6474	1 🔀 M 2 🗆 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	7/	29/02				vland	
į	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE				INTY OF E			
Œ	Carroll Luth. Vil	laca Haai	th Caro	Ctr		Wo	stmi	neto	r			Car	ro	11	
유	RESIDENCE OF DECEDENT		ttii Cai e	CLI	ļ.	WE	SUIII.	nsce	:1		1	Oai	10.	<u> </u>	-
DIRECTOR	10e. STATE 10b. COUNTY	f		10c. CIT	Y, TOWN	OR LOCAT	ION						10d.	INSIDE CITY LIMITS?	
ā	Maryland Carr	ro11			West	mins	ster						1 🛭	YES 2 NO	
A.	10a. STREET AND NUMBER					10f.	ZIP COOL	E			10g. CIT	IZEN OF	WHAT	COUNTRY?	
FUNERAL	200 St. Luke Cir	·cle					21	158			1	U.S.	Α.		
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN?	(Specify Yas		14. BAC	E - A	merican Indian,	
	1 Never Married 2 Married	FORCES? 1	☐ YES 2 🔀 (NO		If yes, spe	2 NO NO	n, Mexica Specifi	n, Puerto Ric	can, atc.)		Spec		Ita, etc.	
BY	3 📉 Widowed 4 🗌 Olvorced							,	,-					White	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N et of workin	na	16b. K	IND OF BU	SINESS/IN	OUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 4	ille	. Do NOT u	ise retired.)	during mo.	at OI WOTHI	'V							
COMPL	11	5+	eng	mica	r &	pate	nt m	gr.		chemi	cal	co.			
S S	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Mic	ddie, Maiden	Sumame)				
C	John C. McKinne	v							Anni	e Mye	ers				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Number	r or Rural i	Route Number			ip Code)			
2	Anna E. Martin			17 W	insh	ire	Ct.	Owi	ngs M	ills.	MD	2111	7		
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO							CATION -			State	
	1 A Buriel 2 Cremetion 3 Rem	oval from State	other pi	lace)	eek					nes	r Ne	ill va	nd	sor, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE		. 01	22.	NAME AN	D ADDRE	SS OF FA	CILITY -	nice	11 110	W W 1	.110	301, 110	_
	111.	DX1	bler						D.	υ. На	ırtzl	er 8	k S	ons	
	(athanine (V. Den	eleer			Ne	w Wi	ndso	or, MD)					
	23. PART I. Enter the diseasee, or a hock, or heert failure.				not enter	r the mo	de of dy	ing, suc	ch ee cerdie	ec or reep	iratory a	rreat,		Approximate Interval Between	
	IMMEDIATE CAUSE (Finel	List only one cat	se on each line	~.	A								ĺ	Onset and De	
	disease or condition resulting in deeth)	Tack	noon	I O	DAN	Lans	1						1	Syear	a
1	resulting in deeth)	DUE TO	(OR AS A CONSE	OUENCE (OF):								_	0	
- 1													ļ		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE (OF):										
Ā	cause. Enter UNDERLYING														
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	QUENCE (OF):										
E	resulting in death) LAST	d.											ļ		
ᄬ															
됩	PART II. Other eignificent condition	e contributing to	deeth but not	L)/	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFO		24	AVA	RE AUTOPSY FINDIN ILABLE PRIOR TO	
MEDICAL	<u>consulars</u>	ausaic .	Chan	80	LCC	ne	4		— I	1 TYES	NO			MPLETION OF CAUSI DEATH?	E
Į į				-			J				,		1 [YES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	DEATH (C)	heck only one)					
S	1 YES NO	HOSPITAL:	☐ ER/Outpatient :	3 DOA	OTHE		1e 5 □ R	esidence	6 🗆 Other	(Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF		26b. TI	ME OF	26c. INJ	URY AT		T	RIBE HOW	INJURY O	CCURED			
	1 Matural 5 Pending	(Month, E	Jay, Year)	"	IJURY M		ORK? YES 2 [NO							
BY	Accident investigation 3 Suicide & Could not be		OF INJURY — At h	ome, farm	street, fac	tory, offic	:0		26t, LOCA	TION (Street	and Numb	er or Rural	/ Ploute	Number,	-
	4 Homicide 6 Could not be	building	, etc. (Specify)						City o	r Town, State)				
9	29a. CERTIFIER	HOLAN, To at	t must be a state of			Al-			- 4- 6	-4-1		-4	_		
COMPLETED	(Check only												v/a\	d manner on other :	
8	Z MEDICAL EXAMIN	ER: On the besis of s	Autmination and/or	HIVESTIGE	юп, іп ту	opinion, c	watn occu	red at the	e time, data i	ma piace, a	07 BND DN	TITO COUSE	(a) and	u manner en stated	15
ш	296. SIGNATURE AND TITLE OF CERTIFIE	B A H A T	100	_				ENSE NU			29d. D/	TE SIGNE	D (No	nth, Day, Year)	
0 8	Cause of the	Marra	3)			D	OI	079	1		113	>	1~	
	30. NAME AND ADDRESS OF PERSON WI	AD COMPLETED CAL	ISE OF DEATH OT	FM 27) (Tot	o Prints										

ade, Jr. 419 Malcolm Dr.
33 REGISTRAR'S SIGNATURE
Julia Davidson Mandell

Park W. Espenschade.
31. DATE FILED (Month, Dey, Year)

JAN 6'92

JAN 6'92

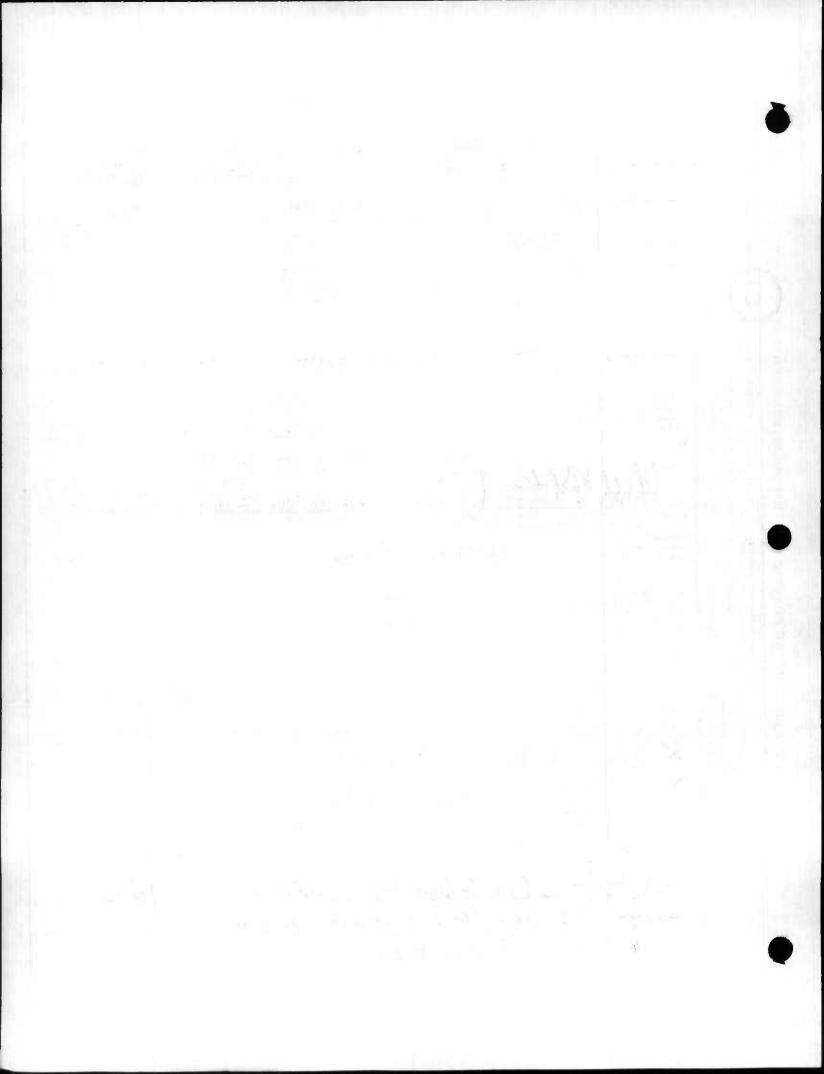
Westminster, MD

C-0-1 1 -0-1

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funeral	
the	oval.
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alled	ou, c
TUH: After this certificate has been signed by the attending physician and completely filled in by the funeral of	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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ysicial	prior
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ending	Hygi
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Signed	Health
2	6
nas D	Dept.
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INIS (with
Aner	death
E.	after

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO.	E	
		LEN MILLAR				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-30-7016 9a. FACILITY NAME (If not institution, give	1 M 2 X F	in yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-7-1920	MA	NRTHPLACE (State or Foreign Country) ARYLAND
DIRECTOR	#1 GLYMONT ROAD	stoot and number)		INDIAN		DEATH	9c. COUNTY C	
		CHARLES	10c. CITY	INDIAN				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	#1 GLYMONT ROAD			101.	20640		10g. CITIZEN	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECI	olfy Cuban, Mexic	ANIC ORIGIN? (Specify Yea en, Puarto Rican, etc.) Hy:		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8TH GRADE 17. FATHER'S NAME (First, Middle, Last)	UCATION te completed) Cotlege (1-4 or 5+)	life. Do NOT use	ork done during mos	LITY		VERNMEN	
111 05	LEO WINKLER				HELEN	AME (First, Middle, Maiden :		
TO BE	19a. INFORMANT'S NAME (Type/Print) JAMES DON MILLA	R				ING GEORGE		
examiner must be	20. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rer 4 Document S Other (Specify) 21. SIGNATURE OF TUNESAL SERVICE L	TR	PLACE AND DATE OF THE INTERPORT OF THE I	MORIAL G	ARDENS D ADDRESS OF FA	1-7 WALD	ORF, M	
ry, or other traumatic event, the medical	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A OUE TO (OR AS A	the desth. Do not consider the desth. Do not consequence of the conseq	of entar tha mod	e of dying, aud	ch as cardiac or respir	etory arrest,	Approximate interval Between Onset and Death
MEDICAL	PART II. Other significant conditio	ns contributing to death be	ut not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFORM	WEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	HOSPITAL: 1 Inputlant 2 ER/Output		OTHER:	CE OF DEATH (C	8 Cher (Specify)		
28 is marked, or TED BY PHYS	27. MANNER OF OEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	RY AT K?	28d. DESCRIBE HOW IN	JURY OCCURE	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, stc. (Speci	At home, farm, str	reet, factory, offica		281. LOCATION (Street ar City or Town, State)	nd Number or Ru	rel Route Number,
IMPORTANT: If Item 2 O BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ICIAN: To the best of my knowle	edge, death occurred	et the time, data a	nd place, and due	to the cause(a) and mann time, data and place, and	er as stated.	eo(a) and manner as stated.
IMPORTA TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	0 (Mas (0	Doubt 1	nE	29c. LICENSE NUI	MBER JE	29d. DATE SION	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE	Box 16	TH (ITEM 27) (Type, F	lalderf	70	604	11	
	31. DATE FILEO (Month, Day, Your)	32. REGISTRAR'S SIGNA		e.				



	1 - STATE REGISTRAR		CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	MAND (In yrs. lest birthday)	Pandragus RA Bos FUNDER 1 YEAR FUNDER 24 HRS.	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 1992 4-32 M 8. BIRTHPLACE (State or Foreign
R C	577-32-8113 9a. FACILITY NAME (II not institution, give	re street and number)	O / YRS.	ONTHS DAYS HOURS MIN.		New York COUNTY OF DEATH PAINCE BEOM
DIRECTOR	RESIDENCE OF DECEMENT 10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCATION Andywine		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 17315 Dent Ro			101, ZIP CODE 2061	3	g. CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XX YES IF YES, GIVE WAR OR D	2 \(\text{NO}\) PATES 946	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specific te
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during most of working	166. KIND OF BUSINES	ss/industry Coment
111	17. FATHER'S NAME (First, Middle, Last) Nicholas C. M 19a. INFORMANT'S NAME (Type/Print)	andragos		Fri	AME (First, Middle, Maiden Surn. eda Buder	·
TO BE	Nancy L. Mand	200	17315	Dent Rd., B:	randywine,	Md. 20613 ON — City or Town, Stata
	1 N Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF DIVIERAL SERVICE	emoval from State	MOD658	S 22 NAME AND ADDRESS OF F. Huntt Fune:	1-8 Croc	om, Md.
CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A LANGE TO (OR	iech ilna.	Infancois Asutes:		Approximata interval Between Onset and Death
MEDICAL	/	Antic Augustus	out not resulting in t	the underlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	? AMILABLE PRIOR TO COMPLETION OF CAUSE
Y PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1, Inpetient 2 PR/Outp 28a. DATE OF INJURY (Month, Day, Year)		26. PLACE OF DEATH (C) THER: Nursing Home 5 Rasidenca F VORK? M 1 YES 2 NO		Y OCCURED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28. PLACE OF INCHOS	— At home, farm, stree		281. LOCATION (Street and N City or Town, State)	umber or Rural Route Number,
COMPLETED	2 MEDICAL EXAMI	NER: On the basis of examination	ledge, death occurred a n and/or investigation, i	it the time, date end place, and due in my opinion, death occured at the	to the cause(a) and manner a time, data and pieca, and dua	ne stated. Is to the cause(a) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIC	J. Course	ATH (ITEM 27) (Type, Pri	D24 (44	DATE SIGNED (Month, Day, Year)
	111	OUER 32. REGISTRAR'S SIGN.	7501 Sun		LINION	MD 20735

6

NYERS, NELEN M 154-4 ROCHA, DONTHEO 06/17/18508 F 01/03

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	ARIE	MYERS			2. DATE OF DEAT	, m 992 v	ZEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-12-5317	5. SEX 6. AG	92 vrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	9 1A	BIRTHPLACE (State or Foreign
90. FACILITY NAME (If not institution, give CARROLL COUNTY GE			96. CITY, TOWN WESTMI	OR LOCATION OF E	DEATH	ec. county CARKO	Y OF DEATH
100 STATE 10b. CONN	ROLL	WEST.	KIJAMA BILOGR	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
WESTAINSTER N. &	CONV. CTR.		10	1. ZIP CODE 115	57	10g. CITIZEI	N' OF WHAT/COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 1 Diverde	12. WAS DECEDENT EVER FORCES? 1 YES GIVE WAR OR	S 2 NO	If yes, or	CENDENT OF HISPA secify Cuben, Mexic 2 NO No	NIC ORIGIN? (Specifien, Puerto Ricen, atc	y Yea or No— 14	Black, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of vite. Do NOT us HOMEMAK)	vork done during me se retired.)	ON ost of working		BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last) DAVID EDWARD GILE	BERT			18. MOTHER'S N. JESS	AME (First, Middle, Ma	iden Sumeme) BYLON	
190. INFORMANT'S NAME (Type/Print) GILBERT A. MYERS		323 N.	ADDRESS (Street SPRING)	ALE RDWE	Route Number, City of	Town, State, Zip Co	1D 21158
20e. METHOD OF DISPOSITION DUST 1 Burlet 2 Cremetton 3 Ren 4 Donation 8 Other (Specify)	TAL novel from State	Ob. PLACE AND DATE C	of disposition (Note the Update)	CEMETERY	DATE 200		VALLEY, MD
21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE Lands	les	22. NAME A	NEW WI		· HMAIZE	ER & SONS
	DUE_TO (OILIA)		n:				10
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO OR AS	S A CONSEQUENCE OF	ን :				en Know
if any, issding to immedists cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents	b. DUE TO OR AS	A CONSEQUENCE OF	·):	g causa givan in	PER	S AN AUTOPSY FORMED? S 2 NO	AMAILABLE PRIOR TO
if any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF	n the underlying	ACE OF DEATH (C/	PER 1 YE	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO OR AS c. DUE TO OR AS d	A CONSEQUENCE OF Dut not resulting in the state of the st	26. PL OTHER: 4 □ Nursing Hom E OF 28c. INJ	ACE OF DEATH (C/	1 YE	FORMED?	COMPLETION OF CAUSE DF 0EATH? 1 ☐ YES 2 ☑ NO
if any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO OR AS c. DUE TO OR AS d	A CONSEQUENCE OF Dut not resulting in the state of the st	26. PL OTHER: 4 Nursing Hom M 1 1	ACE OF DEATH (CF • 5 Residence URY AT RK7 /ES 2 NO	PER 1 YE	FORMED? S 2 MCNO OW INJURY OCCUR oet and Number or i	AMAILABLE PRIVOR TO COMPLETION DF CAUSE DF 0EATH? 1 YES 2 CNO
if any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO OR AS c. DUE TO OR AS d	B A CONSEQUENCE OF B A CONSEQUEN	7): 7): 7): 7): 7): 7): 7): 70: 70	ACE OF DEATH (C/	peck only one) 6 Other (Specify) 28d. DESCRIBE HO 26f. LOCATION (Str. City or Town, S	FORMED? S 2 NO W INJURY OCCUR eet and Number or I tate)	AMAILABLE PRIVOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO RED Rural Route Number,
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CENTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND ITTLE OF CERTIFIE	b. DUE TO OR AS c. DUE TO OR AS d	but not resulting in the state of the state	7): 7): 7): 7): 7): 7): 7): 70: 70	ACE OF DEATH (C/	PER 1 YE 1 YE 1 YE 26t. LOCATION (Str. City or Town, S to the cause(e) and time, date end place	FORMED? S 2 NO W INJURY OCCUR eet and Number or I sate), end due to the co	AMAILABLE PRIVOR TO COMPLETION DF CAUSE DF 0EATH? 1 YES 2 CNO
if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO OR AS c. DUE TO OR AS d	but not resulting in the state of the state	7): 7): 7): 7): 7): 7): 7): 70: 70	ACE OF DEATH (C/e 5 G Residence URY AT RK? (ES 2 G NO e end place, end due eath occured at the	PER 1 YE 1 YE 1 YE 26t. LOCATION (Str. City or Town, S to the cause(e) and time, date end place	FORMED? S 2 NO W INJURY OCCUR eet and Number or I sate), end due to the co	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF 0EATH? 1 YES 2 NO Pural Route Number,

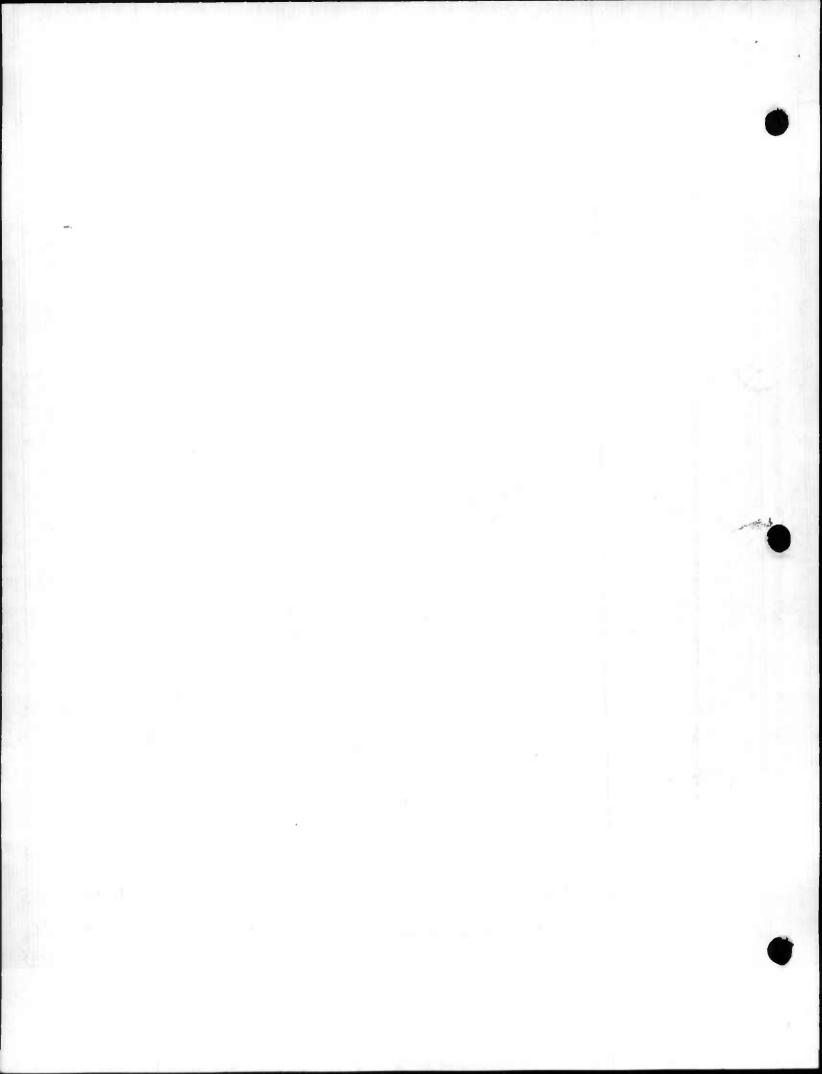
DHMH-16 Rev 1/89

the first of the definition of the second of

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



MARYLAND 21215-0020

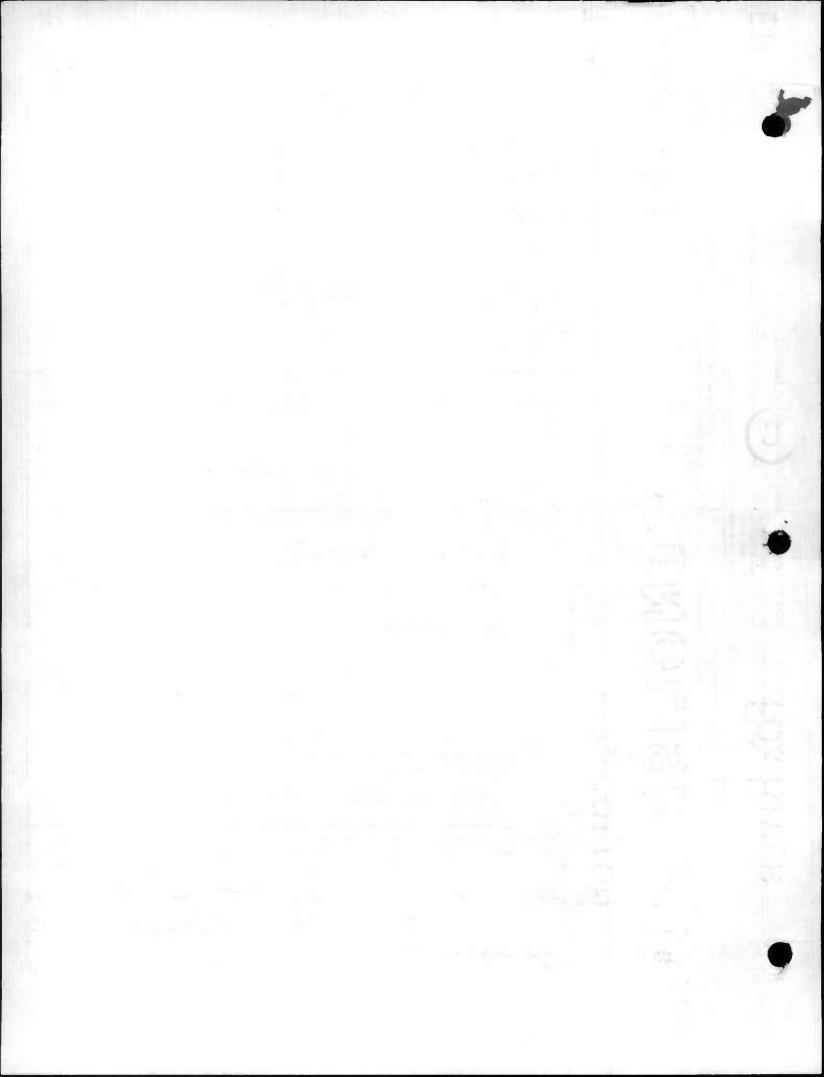
BALTIM DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and the detached for use as the burial-transit permit. Pages 1, 2, 3 should at by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page man and the second of the state

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIENE REG. NO.	, C	70030
1. DECEDENT'S NAME (First, Middle, Li	est)				2. DATE OF	DEATH	WEAR	3. TIME OF DEATH
JOSEPH AMOS	NESBITT				JAN	4 1992	YEAR	1 AM M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURIL MIN.	7. DATE OF (Month, D		8. BIRTHI Country	PLACE (State or Foreign
214-34-3823		65 YAS.				0 1926		RYLAND
9a. FACILITY NAME (If not institution, g	ive street and number)			R LOCATION OF D	EATH		UNTY OF DE	
131 NESBITT	ROAD		COLC	RA			CECII	
10a. STATE 10b. COI			TOWN OR LOCATI	ION				10d. INSIDE CITY LIMITS?
10a, STREET AND NUMBER			I 101	ZIP CODE		I 10a Cr	TIZEN OF W	1 YES 2 NO
131 NESBITT	POAD			21917		577.5	JSA	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECI		NIC ORIGIN? (Specify Yea or No-	14. RACE	- American Indian,
Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 TO NO DATES		City Cuban, Maxico 2 NO Specif		en, etc.)		, White, etc.
15. DECEDENT'S (Specify only highest g	EDUCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N of all working	16b. Ki	IND OF BUSINESS/IN	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)	it or working				
12		SECURIT	Y GUAF	RD	PF	RIVATE	INDUS	STRY
17. FATHER'S NAME (First, Middle, Last,				18. MOTHER'S NA	ME (First, Mid	dle, Maiden Surname)		
AMOS NESBITT				MARY				
19a. INFORMANT'S NAME (Type/Print)						City or Town, State, 2		-
ELSIE A. DENN							2191	
30a METHOD OF DISPOSITION 4 Burtel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	b. PLACE AND DATE OF			-7-92	20c. LOCATION -		
21. SIGNATURE OF FULERAL SERVIC	LICENSEE LO	die	R.T.	FOARD	FUNE	RAL HOMI	Е	
disease or condition resulting in dasth) Sequantielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	:	<t< th=""><th></th><th></th><th></th><th>141md 8425</th></t<>				141md 8425
that initiated events resulting in death) LAST	d							İ
PART II. Other significant cond	Itions contributing to death	but not resulting in	the underlying	g cause given in		PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	NL	_	26. PL	ACE OF DEATH (C	heck only one)			
EXAMINER? 1 Tes 2 No	HOSPITAL:		OTHER:	e 5 KRasidence		Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	-	RIBE HOW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigat		INJU Y — At home, farm, st	M 1	PRK7 YES 2 NO	201 LOCAT	ION (Street and Numb	has as Shored &	Bristo Africation
3 Suicide 8 Could no 4 Homicide datermine	building, etc. (Sp.	ecify)	reac, rectory, orne		City or	Town, State)	our or norm r	todie tromosi,
(Orlock Drilly	HYSICIAN: To the best of my kno MINER: On the basis of examinat							e) and menner as stated.
29b. SIGNATURE AND TITLE OF CERT	TIFIER			29C LICENSE NU	MBER	29d. D.	ATE SIGNED	(Month, Day, Year)
30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF THE	EATH (ITEM 27) (Tyre	Print)	1) 09	482	-	1/6	192
Duckey	hillips M	1) 2017	Trapp	rethun	ch Re	1 DARLI	Nato	N Md 24034
31. DATE FILED (Month, Day, Year)	32. RÉGISTRAN'S SIG		1 "				f	



6. BIRTHPLACE (S

10g. CITIZEN OF WHAT COUNTRY?

Specify.

USA

14. RACE — American Indian, Black, White, atc.

White

Approximata Interval Batween

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

COMPLETION DF CAUSE

Onset and Death

9c. COUNTY OF DEATH

New York

10d, INSIDE CITY LIMITS?

1 YES 2 NO

92

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH O'BRIEN 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) WILLIAM **JOSEPH** MONTH JOSCA 7) brien liam 0.5 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 60 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institu 96. CITY, TOWN OR LOCATION OF DEATH Stor DIRECTOR RESIDENCE OF DE 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Harford Bel Air permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE burial-transit 601 Lancelot Lane 21014 tal or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 XNO Specify: 2 XNO 1 Never Married 2 Married BY 3 Widowed 4 Divorced the 38 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade of COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Por Sales Manager Manufacturing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) O'Brien Caroline Marston Joseph Henry notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Regina H. O'Brien 601 Lancelot Lane, Bel Air, Md. 21014 after death. Page 6 may be page pe 20a. METHOD OF DISPOSITION
1 X Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE director, must Highview Memorial Gardens 1-10-92 4 Donation 5 Other (Specify) Fallston, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal, Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one cause on each ilna. **IMMEDIATE CAUSE (Final** to burial, cremation, the disease or condition_ resulting in death) that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): IRRHOSIS traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) BOX (if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury prior to the attending physician Mental Hygiene prior to other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events 0 reaulting in death) LAST 6 Injury, DIVISION OF VITAL RECORDS. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL been signed by th DISTASE shows any 1 TYES 2 NO requires 1 has be Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State D marked, or Item Item EXAMINER? NOSPITAL: OTHER: ent 2 - ER/Outpatient 3 - DOA ne 6 🗆 Raaldenca 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation After t 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 69 DIRECTOR: A hours after d COMPLETED 4 🔲 Homicida TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of ex GIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 1 M 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print) MA

32. REGISTRAR'S SIGNATURE



Maryland Harford Bel Air 2014 USA
601 Lancelot Lane X X X X White

3 Sales Manager Manufacturing
Joseph Henry O'Brien Caroline — Marston
Regina H. O'Brien 601 Lancelot Lane, Pel Air, Md. 21014
X Y X X X X X Wighview Memorial Gardens 1-10-92 Fallston, Md.

4 Good Manager Manager Manager Md.

4 Good Manager Manager Md. Md.

5 Highview Memorial Gardens 1-10-92 Fallston, Md.

6 Good Manager McComas III Funeral Home, P.A.

6 Good Manager McComas III Funeral Home, P.A.

7

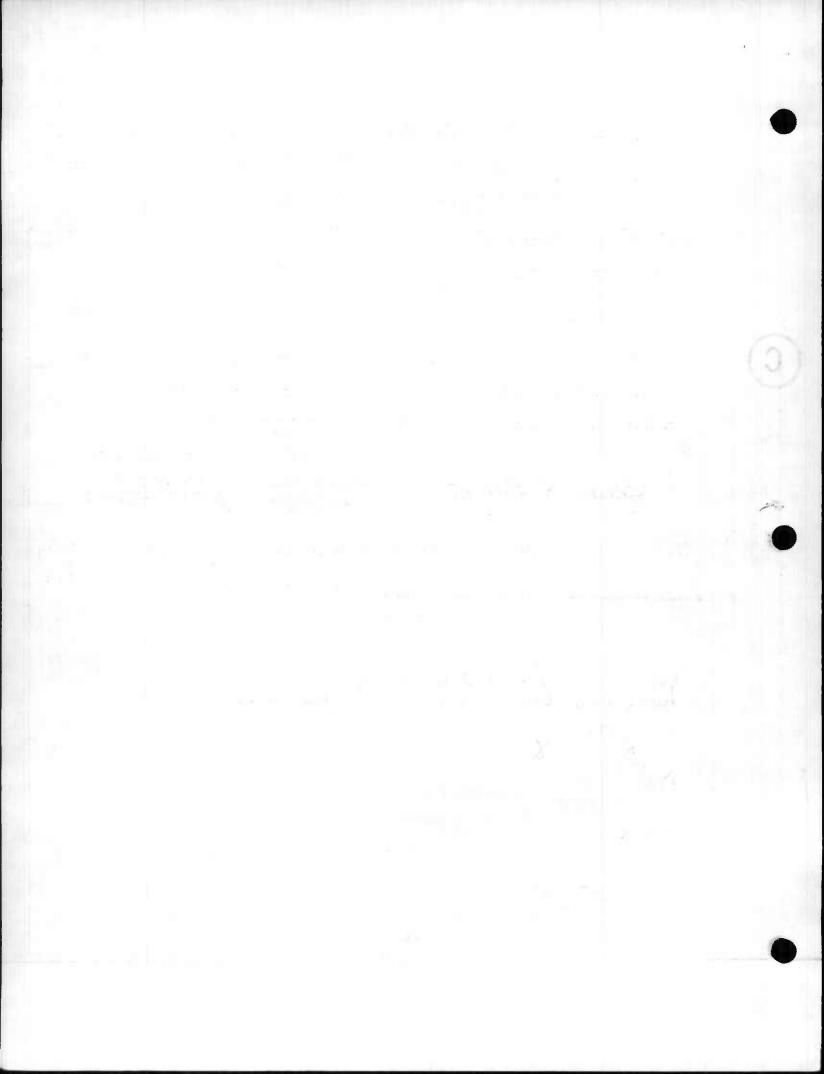
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5 13 873 317 3

	once.
	F
	notified
	2
	must
	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	medicai
tion,	#
crema	went,
to burial	matic e
rior	trage
ygiene p	other
H	9
d Menta	Injury,
h an	À
of Healt	hows a
ept.	23 8
State D	Hem
the	6
vith !	ed.
death w	mark
8	-

as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF M			ICATE				EN IA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	7	0		ps			- v	2. DATE MONTI	OF DEATH	3	YEAR 92	3. TIME OF DEATH
	JEMPS 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir		IF UNDER	1 WEAR	IF UNDER	24.1900	2 DATE	OF BIRTH		/	LACE (State or Foreign
	247-01-9270	1 TM 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give et	Λ	00		9b. CITY	TOWN O	R LOCATIO	ON OF DEA		04-03	9c. COUN	TY OF DE	th Carolina
Œ		ane a	ognital				olum						
5	Howard County G							рта		1		lowar	
DIRECTOR	100. STATE 10b. COUNTY				Y, TOWN C								10d. INSIDE CITY LIMITS?
	Maryland Car	roll Cour	nty		Syke								1 TYES 2 X NO
A I	1801 Bennett	Pood				101	ZIP CODE	784				S.A.	IAT COUNTRY?
FUNERAL	11, MARITAL STATUS		T EVER IN U.S. ARME	n	42	WAS DEC			C OBIGI	N? (Specify Yee	-	_	- American Indian,
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO			It yes, spi	city Cube	n, Mexican, Specify:	Puerto	Rican, atc.)		Black, Specify	White, atc.
9	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEI	DENT'S	USUAL O	CCUPATIO	N		16b	. KIND OF BUSI	NESS/IND	USTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done se retired.)								
MP	11		Ele	ctr	ical	Con	trac	tor	E	lectri	c/Se.	lf En	ployed
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Middle, Melden S			
BE	James Marion	Phillips						_		melia			
2	19e. INFORMANT'S NAME (Type/Print)	11:00				,				ber, City or Town		,	
	Mr. James D. Phi	IIIps	20b. PLACE OF						cesv	ille,	ATION —		n. State
	1 XBuriel 2 Cremetion 3 Remo	oval trom State	Woodla)							eenv:		
	21. SIGNATURE OF FUNERAL SERVICE LIC			****	22.	NAME A	ID ADDRE	SS OF FAC					
	+ Stian 0	X. Ha	dit		- 19					Iome (P			
	23. PART I. Enter the diseases, or o		and the same	h. Do	not enter					21784			Approximate
	shock, or heart fellure.										•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Muna	2.21 100	20	600	101	0.0			Oul m.		1	1 class
	resulting in death)	DUE TO	(OR AS A CONSEQUE	ENCE C	PF):	0000	· ac	a		poolon	Li	TIANZ	1 1
z		a longer	OR AS A CONSEQUI	C	av.	hing	al	rer	dis	P48 P			Years
CERTIFICATION	If any, leading to immediate	DOE TO	(OR AS A CONSEQUE	ENCE C	F):								
2	CAUSE (Disesse or Injury	C	(OR AS A CONSEQUE	ENCE C	MET.								-
E	that initiated events resulting in death) LAST	502.10	(OII AS A CONSECU	LIVOL C	,. ,.								1
		d											
CAL	PART II. Other significant condition	_	1 1 .	_		-	g cause	given in F	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Dic	Jon-Insulin						,		-	1 🗌 YES 2	□XHO		OMPLETION OF CAUSE OF DEATH?
: MED	hung mers	anstro	nurd nes	nur	w	he	Trus	1 66	tion				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF E	EATH (Che	ck only o	ne)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	OTHE 4 Nu		• 5 □ R	esidence (6 🗆 Oth	er (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF (Month, D		25b. TII	ME OF		URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation				М		YE\$ 2 [□ NO					
ED	3 Suicide 6 Could not be	28e. PLACE C building,	F INJURY — At home etc. (Specify)	, farm,	street, fac	tory, offic	•		281. LO	CATION (Street e or Town, State)	nd Number	or Rural R	oute Number,
	4 Homicide determined												
COMPLET	Street, build		my knowledge, deati										
ő	2 MEDICAL EXAMINE	ER: On the basie of e	xamination end/or inv	restigat	lo <i>n</i> , In my	opinion,	leath occu	ired at the t	time, dat	te end place, en	d due to ti	ne cause(e)) and manner as stated.
BE (296 MICHATONE AND TITLE OF CENTIFIE		1-	~	14		29c_LIC	ENSE NUM	BER	_	29d. DAT	E SIGNED	(Month, Day, Year)
5	20 NAME AND ADDRESS OF BEDGE	10 CONDI ETED CO	SE OF DEATH STEEL	20.0	a Deles		9	45	47				0 74
/	30 NAME AND ADDRESS OF PERSON WIT	E (C	CON DEATH (ITEM	2 N	e, rine)	1	11	Day	(n (7-1.	1.	. Mi	-3-92)21045
	31. DATE PHED (Month, DM) (Spr)		AR'S SIGNATURE	-	1011	1100	V .	7700	11	alun	حرر		, - , - , -

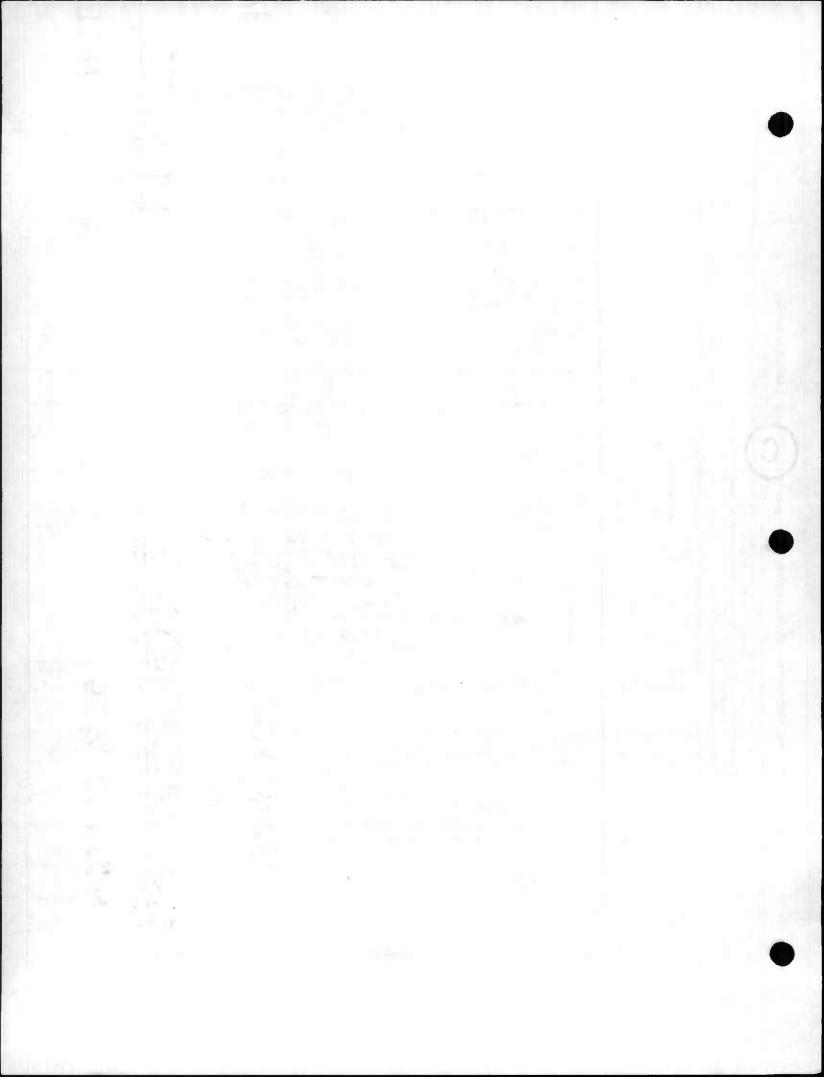


FOR STATE REGISTRAR

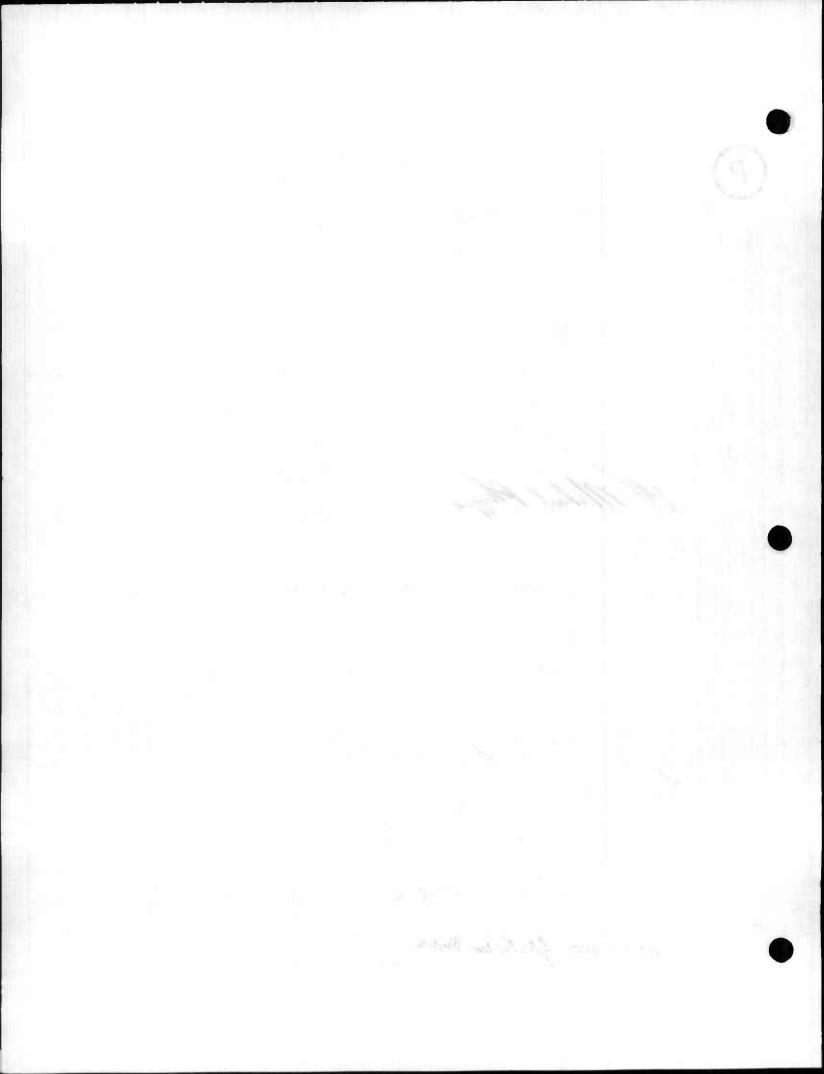
	ANNA	L. Phi	1110.	S		lips	MONTH -	3	92 92	10 PM
	4. SOCIAL SECURITY NUMBER		88X	MO	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE OF (Month, D.	ay, Year)	8. BIRTI Count	HPLACE (State or Foreign
	219-16-2468		004	YRS.				3/1903		yland
~	9e. FACILITY NAME (If not institution, give			96	,	OR LOCATION OF	DEATH	9c.	COUNTY OF E	
DIRECTOR	Dorchester Ger	neral Hos	pital		Cam	bridge			Dorc	hester
三	10e. STATE 10b. COUN	тү		10c. CITY, T	OWN OR LOCA	TION				10d, INSIDE CITY LIMITS?
8	Maryland Dor	chester		Ca	mbrid	ge				XX YES 2 NO
A	10e. STREET AND NUMBER				10	1. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
띮	525 Glenburn	Avenue				21613			US	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT ! FORCES? 1	EVER IN U.S. AF	MED		CENDENT OF HISI pecify Cuben, Mex			- 14. RAC Blac	E — American Indian, ik, White, atc.
B	XWidowed 4 □ Divorced	IF YES, GIVE WAF				S 2XX NO Spe			Spec	www. White
ED	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S US	JAL OCCUPATI	ION	16b. KI	ND OF BUSINES	S/INDUSTRY	
	(Specify only highest grad Elemantary/Secondary (0-12)	College (1-4 or 5+)	(G life	live kind of work . Do NOT use n	done during m tired.)	ost of working				
립	11	2		homem	aker					
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First, Mide	tle, Meiden Surna	me)	
ш	Hugh M. Fou	untain				N	ettie	Snow		
8	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street	end Number or Ru	al Route Number,	City or Town, Stat	e, Zip Code)	
2	George W. Phi	illips Jr		P.O.	Box	840807	Hous	ston T	X. 77	284
	20a. METHOD OF DISPOSITION	moval from State		AND OATE OF			OATE	20c. LOCATIO		
	4 Donation 5 Other (Specify)		Cam	bridg	-	etery	1-7	Camb	ridge	, Md.
	21. SIGNATURE OF FUNERAL SERVICE L		1			as Fun		Iome		
	1 multh +	& Thomas	4						3~~	Ma 21611
NC	23. PART I. Enter the diseesea, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due To (0)	caused the do on each line ngest ngest ngest ngest	LVE HE	enter the meart I	Failure ratio Lay Her	e-End. eline apt Di	stage J-Enusease	y arrest,	Approximate Interval Between Onset and Dea
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Anna Phillips 2. DATE OF DEATH DAY MONTH



1	1. OECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH			3. TIME OF OEATH
		ia Rowle	ey .				1 -	nuary 4	1, 1992	YEAR	8:24
	4. SOCIAL SECURITY NUMBER 578 12 6304	5. SEX	6. AGE (In yr	rs. last birthday) YRS.	IF UNDER 1		(BS 7	Month, Day, Year)		8. BIRTHP	Sh., DC
	9a. FACILITY NAME (If not institution, give		7/1		9b. CITY, 1	OWN OR LOCATION			9c. COUNT		
ECTOR	Calvert Memoria	l Hospita	1		Prin	ce Frede	cick		Calv	ert	
REC	10a. STATE 10b. COUN	TY		10c. Cl	Y, TOWN OR	LOCATION					IOd, INSIDE CITY
ō	MD Calv	ert			North	Beach					LIMITS?
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZI		AT COUNTRY?
NE I	9209 Annapolis					20714			USA	A.	
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	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	161	DECEDENT'S	USUAL OCC	UPATION ring most of working		16b. KIND OF B	USINESS/INDU		
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	me. Do NOT u	se retired.)	ing most or working					
COMP	12 17. FATHER'S NAME (First, Middle, Last)			hous	ewife			-			
	Theodore		м	Merritt		18. MOTHER		First, Middle, Melde	en Sumeme)		Beck
H .	19a. INFORMANT'S NAME (Type/Print)					Street and Number or		Number, City or T	own State 7in C	Cordel	neck
2	Patricia A. Cat	es		55 E	uckle	r Rd., H	ntin	gtown,	MD 20	639	
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rer	noval from State	20b. PLA	ACE AND DATE	OF DISPOSIT	ON (Name of		OATE 20c. L	OCATION — CI	ity or Town	a, State
4	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		So	outhern		Gardens			nkirk	(Cal	vert) M
2	21. SIGNATURE OF FUNDRAL SERVICE.	CENCEE									
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YEAR

3. TIME OF DEATH

2:35

PM

2. DATE OF DEATH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

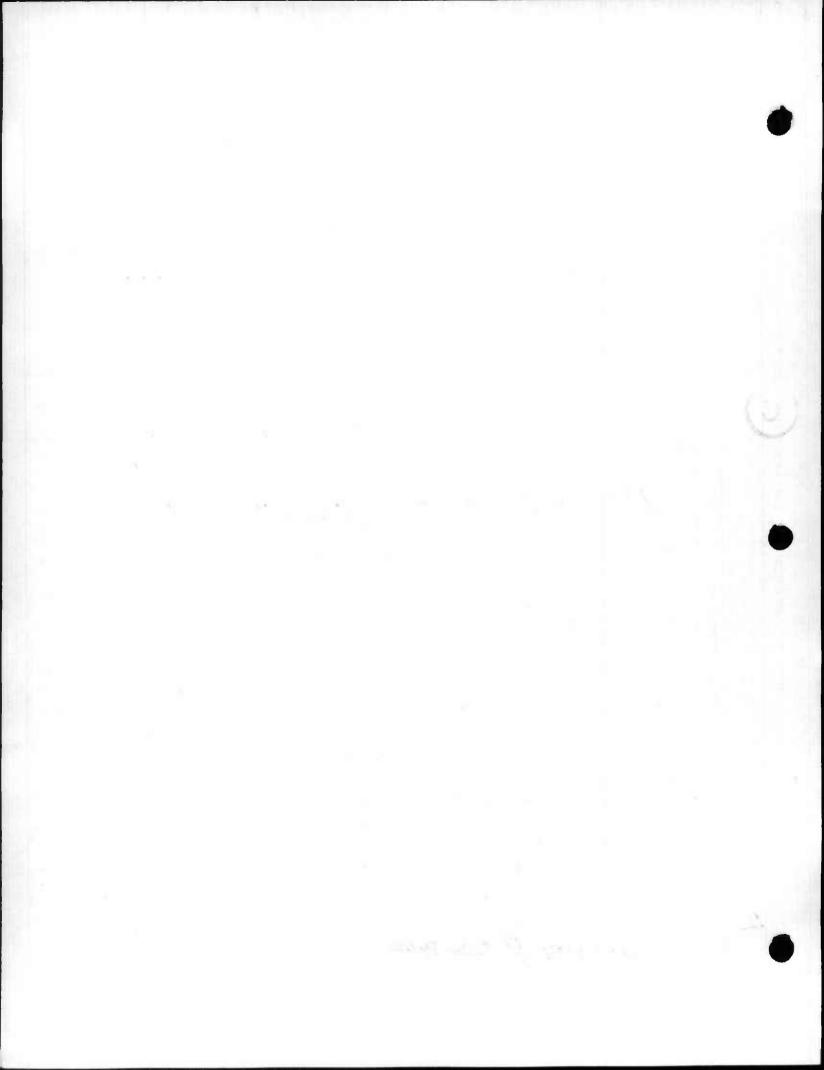
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	215 36 8883	1 🗆 M 2 🔯 F		31 YRS.		MYS	HOURS	MIN.	(Mont)	7/13/1		Country)	LAND
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TO	O MMC	R LOCATION	ON OF DE		,,		TY OF DEA	
S S	GOODWILL MINNON	NITE NURSIN	IG HOM	Œ	GRA	NTS	VILI	E				RRETT	
DIRECTO	RESIDENCE OF DECEDE												
		ALLEGANY			TY, TOWN OR		ON						Dd. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	ALLEATANY		100	MBERLA	-	ZIP CODE						YES 2 NO
LONEDAL		LEN STREET				101.	2150			U.S.A.			AT COUNTRY?
	11. MARITAL STATUS	12 WAS DECED	ENT EVER IN	N U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific					17 (Specify Yes			American Indian.
2	1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	1 YES	2 NO ATES X	ff yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:					Black, V	WHITE		
2	15. DECEDENT (Specify only higher	r'S EDUCATION st grade completed)		16a. DECEDENT'	S USUAL OCCU	JPATIO	N t of workin	V7	16b	KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or	5+)	HOUSEW	ise retired.)					OWN HO	ME		
	17. FATHER'S NAME (First, Middle, L						18. MOTH	HER'S NAM	ME (First, I	Middle, Malden	Surname)		
L R		THOMAS BOWM	IAN							I BEEGI			
2	19a. INFORMANT'S NAME (Type/Pris	nt)			G ADDRESS (S								
	FRANK DAVIS 200. METHOD OF DISPOSITION				OAK SU			RIVE,					
	1X Burial 2 Cremation 3 [4 Donation 8 Dother (Specific		20b.	ROSTBUR	OF DISPOSITION	N (Nan	ne of	שמע	DATI		CATION — C		
	21. SIGNATURE OF PUMERAL SERV		_ F	KOSIBUK				SS OF FAC	1/4	FRO	SIBUR	J, MA	RYLAND
	1/1/20	1. cm	Sho	11010	/					SOWERS			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Payer min to write and by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct complete the detail of the second for use as the burlat-transit per be filed within 72 hours after death with the State Dent. of Health and Mental Hydiene prior to burlat, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
3	3	be no
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AN: The	ificate h	r Item
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ENDING	R: After er death	Is ma
OR ATT	DIRECTO Yours aft	tem 28
DSPITAL	INFRAL thin 72 !	INT: H
THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lost filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTA
	- 4	-

	1. DECEDENT'S NAME (First, Middle, Last)						DEA		1	REG. NO	-			
	Marilyn	Louis	50		RO	SIN	SKI		MOI	TE OF DEATH O	5 . 1	YEAR 992	3. TIME OF DEATH 3:08 P	
	4. SOCIAL SECURITY NUMBER 075_14_6161	5. SEX 1 M 2 X F	6. AGE (In yrs. le.	YRS.	IF UNDER		IF UNDE	MIN,	7 DAT	E OF BIRTH	1922		HPLACE (State or Foreign iny) Queens,	
- 6	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH		
DIRECTOR	Franklin Square	Hospita!	L		Ba	ltim	ore				Bal	tin	nore Coun	
HEC.	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
		ford Cour	nty	Be	el Air					-			LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1503 Whistler R)				101	ZIP COD				10g. CITI		WHAT COUNTRY?	
N P	1) WILSTER R	12. WAS DECEDENT	T EVER IN U.S. AF	21014 EVER IN U.S. ARMED 13, WAS DECEMBENT OF HISPANIC ORIGIN?				U.S.			E - American Indian,			
m	1 Never Married 2 Married 3 Widowed 4 Divorced	NO		If yes, spe	ecify Cubi	n, Maxica	in, Puert	Ricen, etc.)	8 Of NO	Spe	ck, While, etc.			
3	15. DECEDENT'S EDU (Specify only highest grade		/G	ECEDENT'S Give kind of v	work done	during mo	N st of worki	na	10	Sb. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	louse	se retired.)						make	r				
	17. FATHER'S NAME (First, Middle, Lest) Walter		Bla	ماد			18. MOT			, Middle, Maiden	-	3.7	1	
BE -	WAILER 198. INFORMANT'S NAME (Type/Print) P G	rs. Rep.	330- 19		ADDRESS	c (Street a	and Alumba		uis	mber, City or Tow		udol	.ph	
2 1	Ms. Judith C. H.	Cline, Es	5522							ir, Mai			014	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ram		20b. PLACE	ANDDATE	OF DISPOS	SITION /Na	me1/8	192	D/	TE 20c. LC	CATION -	City or T	own, Stata	
	4 Donation 5 Other (Specify)		Bel A	ematory of	ther places	ial	Gard	ens	1	Bel			ryland 210	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEEJOSOPH W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funera 50 West Broadway & William: Bel Air, Maryland 21014									,	0			
	23. PART I. Enter the diseases, or ahock, or haart failure.	complications that	W. Fos	eath. Do n	22.	50 Bel	West Air	Bro Ma	adwa	oster ay & Wi and 210	Fune: 11iar 14	ral ns S	Home	
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FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, ROME)	Middle, Last)	Robert	Ina Stirl	地	c v	7			2. DATE OF DEAT	41/4/9	YEAR 92	3. TIME OF DEATH 142 A M	
	4. SOCIAL SECURITY NUMBER 220-16-1258	in .	5. SEX 1 M 2 F	8. AGE/lin yrs. la	YRS.	MONTHS	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTY (Month, Day, Ye Apr. 19,	1918	8. BIRTH Country	Fallston,	
DIRECTOR	9a. FACILITY NAME (If not ins Falls for RESIDENCE OF DECI	o Ge	etreet and number)	Hospi	fal	9b. CITY	Fq.	ST LOCATI	ON OF DE	ATHFallst	on 9c. co		earth Hariord ORd	
EC	10a. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
P	Maryland	Harf	ord Count	У	В	al Ai	r						1 YES 2 NO	
IAL	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT CO			
FUNERAL	1006 Rock	Sprin			21014						U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W A YMY W.	YES 2 AR OR DATES	ES 2 NO If yes				n, Mexica	NC ORIGIN? (Speci n, Puerlo Rican, at 7:		Speck	— American Indian, , White, atc.	
8	15. DECE (Specify only	16a. D	ECEDENT'S	USUAL O	CCUPATI	ON ost of worki	na	16b. KIND C	F BUSINESS/II	NDUSTRY				
COMPLET	Elementary/Secondary (0-	-)	Bive kind of a Do NOT us					TI	- 30 0 000 0					
₹	77. FATHER'S NAME (First, Middle, Lest)					rair	ier	I 40 1107	115010 114		orsema			
	The second second	1 077				16. MOI	Emr	ME (First, Middle, M	alden Surname)		Beckley			
出	Thomas Andrew Riley 198. INFORMANT'S NAME (Type/PrintWill' 6879-6457					ADDRES	S (Street	and Numbe		Route Number, City	or Town, State, 2		Acrtel	
유	Mrs. Evelyn	B. R			1006	Rock	Sp	ring	Road	d, Bel A	ir, Ma	rylar	nd 21014	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	noval from State	Bel A	E AND DAT	mor other r	lace	Gard	ens	В	el Air	, Mar		
	21, SIGNATURE OF FUNERAL		CENSEE JOSEP		ster	22.				currFoste oadwa y & aryland				
CERTIFICATION	shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Injui that initiated events resulting in death) LAS	ons, flate	b. DUE TO	(OR AS A CONSI	EQUENCE O	P):	4	Col	en Pan				Interval Between Onset and Death 30 Miles	
MEDICAL	PART II. Other algnifice	bete	na contributing to	down but not	,	in the u	nderlylr	ng cause	given in	P	AS AN AUTOPS ERFORMED? 'ES 2 THO	Y 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL	T				26. F	PLACE OF	DEATH (C/	neck only one)				
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpstlant	3 DOA	OTHE 4 Nu		me 5 🗆 F	Tasidence	8 - Other (Speci	(v)			
BY PHYSICIAN:		Pending investigation	28a. DATE OF		28b. TII	ME OF JURY M		JURY AT ORK? YES 2	□ NO	28d. DESCRIBE	HOW INJURY (OCCURED	/	
	3 Suicida 8	Could not be determined	28a. PLACE (OF INJURY — At I	nome, farm,	street, fac	tory, offi	ca		281. LOCATION (City or Town		ber or Rural	Floute Number,	
COMPLETED	one) 2 MEDI		SICIAN: To the best o					death occ	ured at the	time, deta and pl	ice, and dua to	the cause(a) and menner as stated.	
TO BE	29b. SKOMATURE AND ATLE	RIO	hay	N	M			D 29c. U	24	070	29d. 0	1 4	Month, Day, Year)	
	ASHOK	PERSON W	HO COMPLETED ON	BE OF DEATH (IT	EM 27) (7/0	Ga	te	Dr	, <	oute 1	01 F	rest	full MA	
	31. DATE FILED (Month, Day,	106	32. REGISTR	Sedia Dav	idson-l	Pandel	22							

While Davidson-Randalle

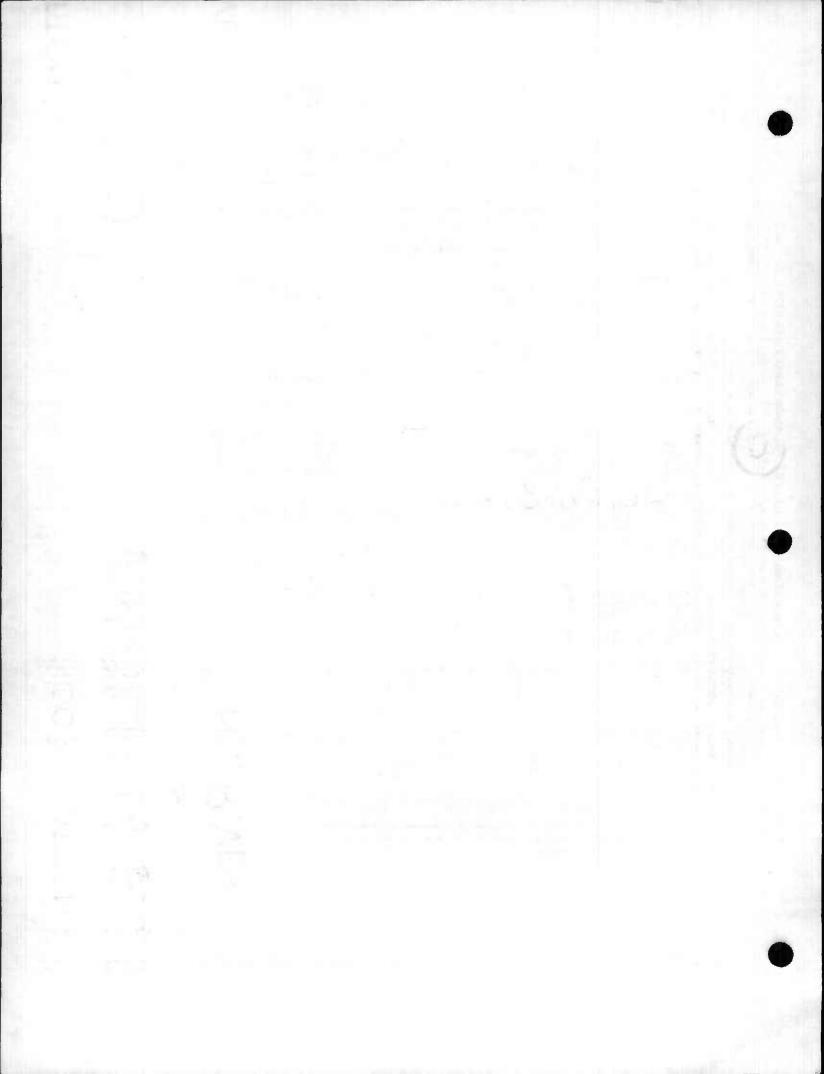
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. ,

See at Smill few Smil

	Items: 10,19b, per F.H.				AFNITAL I	IVOIENE	0.0	00001	
	1 - FOR STATE OF MARYLA REGISTRAR	CERTIFIC				REG. NO.	92	00864	
	1. DECEDENT'S NAME (First, Middle, Lest) TOHN TROMAS	RANG	97		2. DATE OF MONTH	DEATH DAY	YEAR 92	3. TIME OF DEATH 45P M	
	533-14-9406 18420F	74 YRS. MO	UNDER 1 YEA	HOURS MIN.			Country)	ntana	
OH	9a. FACILITY NAME (If not institution, give street and number) Fallston General Hospital	91		n or location of de .ston	EATH	9c. C	arth ord		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Harford		OWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	1918 Neal Road			101. ZIP CODE 21132		CITIZEN OF WI	HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAI	2 NO	if yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify	in, Puerto Rici		Black, Specify	- American Indian, White, etc.	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during etired.)	NTION most of working	16b. Ki	IND OF BUSINESS	/INDUSTRY		
	12 2 17. FATHER'S NAME (First, Middle, Last)			U.S. Ar					
BE	John K. Rang	19b. MAILING AD	DRESS (Stre	et and Number or Rural	nce Mi	City or Town, State.	Zip Code)		
2	Mrs. Roberta H. Rang	918 Ne	eal Ro	ad, Pyles	ville	. MD 21	132		
	20a, METHOD OF DISPOSITION 20b.	. PLACE AND DATE OF	r DISPUSITI	UN (Name	DATE	20C. LUCATION	I - CITA OL ION	n, Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399							
	23. PART I. Enter the diaeases, or complications that caused shock or heert failure. Liet only one ceuse on ee IMMEDIATE CAUSE (Final disease or condition		enter the	mode of dying, suc	ch as cardia	c or reaptratory	arrest,	Approximate Interval Between Onset end Death	
z	resulting in death)	CONSEQUENCE OF):	Lew	liver			1		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF):	-						
PHYSICIAN: MEDICAL CEI	PART II. Other significent conditions contributing to death by	ut not resulting in	the underl	ring ceuse given in		4a. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 1 1 Vinpetient 2 ER/OUTP		THER:	, PLACE OF DEATH (C)		F 147			
BY PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c	INJURY AT WORK? YES 2 NO		RIBE HOW INJURY	OCCURED		
- 1	Accident Investigation	— At home, ferm, stre ify)	et, factory,	ffice		TON (Street and Nui Town, State)	mber or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination) and menner as stated.	
8	29b. SIGNATURE AND THE CONTRACTOR OF THE CONTRAC	M.D		D 24	07C	29d.	DATE/SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)						

32. REGISTRAR'S SIGNATURE

JAN 06 92



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noungers during the 6.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lived to the standard of the standard of March Harlison Index to hard a second to the standard of th	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the money exemiler mus
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30. NAME AND ADDRESS OF PERSON
CHARLES 6 31. DATE FILED (Month, Der, Year)

JAN 06 92

32. REGISTRAR'S SIGNATURE
Lika Lavidson-Mandall

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPART CERTIFI	MENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	and the same of th	^	_		2. DATE (OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 223-44-2481	1 🗆 M 2 💢 F	AGE (In yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month, 1/1	7/193		8. BIRTHP Country)	LACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give HARFORD MEN RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	norial Ho	,	HAVE.	or LOCATION OF D e de Gra		md	9c. COUN		ATH
AL DIRE		arford		erdeen					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	640 West BelAir	Ave.			01. ZIP CODE 21001				EN OF WH	IAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 XNO Specific	en, Puerto Ri	(Specify Yes	or No-	14. RACE Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	18e, DECEDENT'S U (Give kind of we life. Do NOT use	erk dane durina n	ION lost of working	16b.	KIND OF BUS	SINESS/INDU	STRY	WIITCE
MPI	12	4	Home	emaker				n home	9	
	17. FATHER'S NAME (First, Middle, Last) Estle Crabta	cee			18. MOTHER'S NA		iddle, Maiden Tilsol			
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street	and Number or Rural				Code)	
F	Robert Reil				ir Ave.,					
	20e. METHOD OF DISPOSITION 1 Burlal 2 □ Cremetion 3 □ Re 4 □ Donation 5 □ Other (Specify) □	moval from State	20b. PLACE AND DATE OF COMMETTER, Crematory or other Harford Me	DISPOSITION (A	lame of	OATE		CATION - C		
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Harrord Me		Gardens		Abe	erdeer	1, Ma	aryland
i	Kirster	Murlo	sber	Tarri Aber	ng-Cargo deen, Ma	Fune	ral Ho	ome, I	P.A.	
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications final c List only one cause a. Out TO (Q	oused the deeth. Do no on each line.	t enter the m	ode of dying, aud	h es cardi	ec or respi	ratory arre	nt,	Approximate Interval Betwee Onaet and Dea
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	c	I AS A CONSEQUENCE OF):	of C	own	ra				14 years
	PART II. Other significent condition	ons contributing to de	eth but not resulting in	the underlying	ng cause given in		24s. WAS AN PERFOR	MEO?	A	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						_				YES 2 NO
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJ (Month, Day,	URY 28b. TIME	OF 28c. IN	JURY AT DRK? YES 2 NO		(Specify)	JURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At home, ferm, atro (Specify)			28f. LOCAT City or	TON (Street e Town, State)	nd Number o	Rurai Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only orie) 1 CERTIFYING PHYS	BICIAN: To the best of my	knowledge, dasth occurred	et the time, date	end piece, end due death occured at the	to the ceus	e(e) end men	ner se stated	Cause(a) a	and meaner as stated
Z Z	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM					Aprith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O			(A) LIE	La	15 D	Dear	11.1	MDZKX

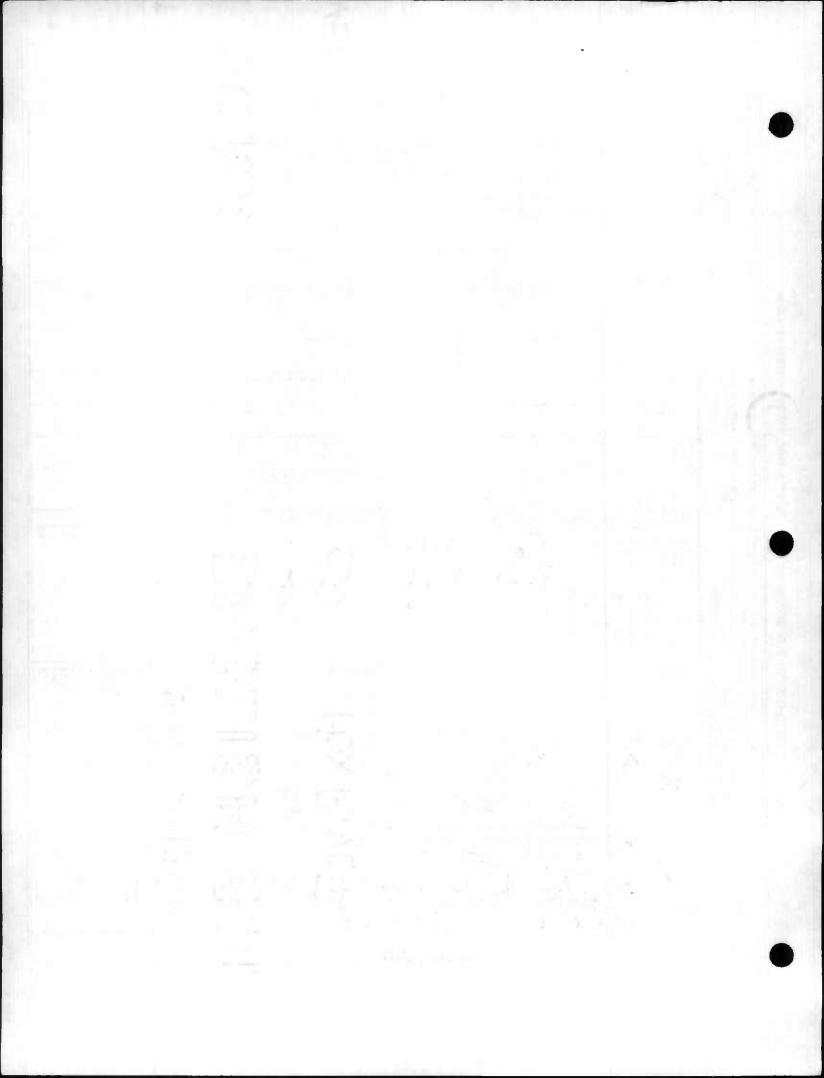
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Prolice Davidson

STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,		CI	-11111	ICATE	OF D	EAI	-	2. OATE	OF OEATH	0.		3, TIME OF DEATI	
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578-05-8931	1 M 2 □ F			MONTHS		OURS	MIN.	OCT. 7.1905 SOUTH CA				ntry)	
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PHYSICIANS ME	MORIAL HO	SPITAL	_	L,	A PLA	TA		CHARLES				ES	
10a. STATE 10b. COUN	тү		10c. CIT	Y, TOWN O	R LOCATION	4			10d. INSIDE CITY LIMITS?				
MARYLAND	CHARLES		LA PLATA									1 TYES XX	
10e. STREET AND NUMBER					10f. ZII	P CODE	E			10g. CIT	IZEN OF	WNAT COUNTRY?	
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3 Widowed 4 Olvorced					212							WHITI	
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12th GRADE		CON	TRAC	CTOR							r co	OMPANY	
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ALBERT GARFIEL	D ROL								WALKI				
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DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perm hours after death with the State Deot, of Health and Mental Hydiere prior to burlat, cremation, or removal.	the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at nace
DIVIS	OR ATTE	DIRECTO	item 28

MEDICAL

PHYSICIAN:

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31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

Pages

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JANUARY 5, 1992 EDYTH SCOTT M 8:40 pmm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 | M 2 | F 217-26-3448 67 Feb. 14. 1924 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DOCTORS COMMUNITY HOSPITAL LANHAM-SEABROOK PRINCE GEORGE'S CO. RESIDENCE OF DECEDENT ទួ 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? DIR Maryland Prince George Forestville 1 TES 2 T NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6569 Hil Mar Drive 20747 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY completed) Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 12House-Wife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Charles L. Harvey BE Marion Contee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Regina Scott 6535 Hil-Mar Drive Forestville, Md 20747 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 1 Burlet 2 ☐ Cremetion 3 ☐ Removel from State Coopers Church Cemetery 1/8/92 Donation 5 Other (Specify) Dunkirk, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1451 Dares Beach Rd. freeder Sewell Funeral Home Prince Frederick, Md 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, abock, or heart feliure. List only one ceuse on each line. Approximate interval Between **IMMEDIATE CAUSE (Final Onsat and Death** disease or condition BM reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): Isle ec vos CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO URula COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica buttding, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. StoleATHEE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mo 3226 1 11-6-91 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Lairdron-Randall

32. REGISTRAR'S SIGNATURE

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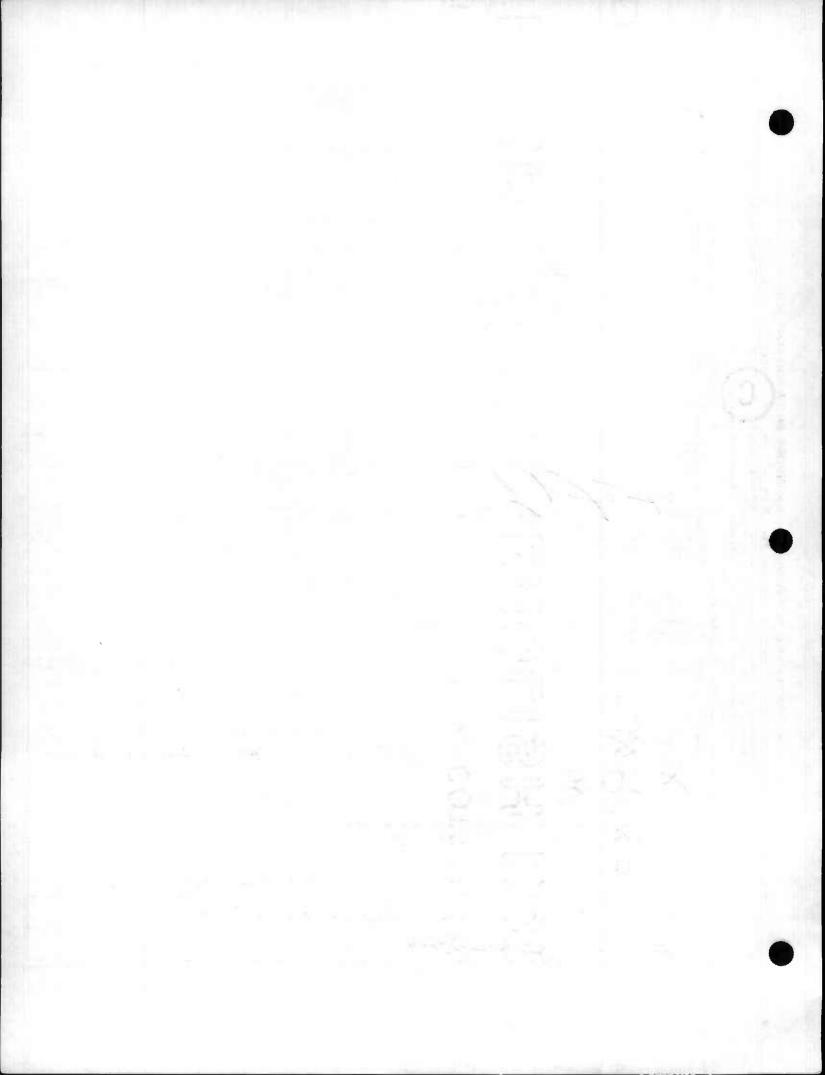
1 - STATE REGISTRAR		STATE OF MA					DEA		MENT	AL HYGIEI REG. NO	_		
1. DECEDENT'S NAME (FIRE EDNA B									2. DAT MOT JA	-	199	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUM	IBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDE		IF UNDE	_	7. DAT	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
219-10-84		1 M 2 F	67	YRS.	MONTHS Sh CIT	DAYS	HOURS	MIN.		Y 6 1	_		CAROLINA
	EGRAPI					LKI						CEC	
10a. STATE	10b. COUNT		177	10c. CIT	Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
MARYLAND 100. STREET AND NUMBER		CECIL_			COI	-	. ZIP COD	AE .			I to CIT	IZEN OF	WHAT COUNTRY?
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	Never Married 2 ★ Married FORCES? 1 □ YES 2 IF YES, GIVE WAR OR DATES					ARMED 13. WAS DECENDENT OF HISPANIC ORICE If yes, specify Cuban, Maxican, Puert 1 YES 2 NO Specify:							E — American Indian, ck, White, etc.
15. DE	CEDENT'S ED	UCATION		EDENT'S					1	6b. KIND OF B	USINESS/INI	DUSTRY	
15. DE (Specify of Elementary/Secondary UNKNO) 17. FATHER'S NAME (First,	(0-12)	College (1-4 or 5+)	Illa.	Do NOT u	se retired.)		ist of worki	ing			USA		
17. FATHER'S NAME (First,							18. MOT	NER'S NA	ME (First	t, Middle, Meide	n Sumame)		
ARTHUR O	SBORN	E					MA	GGII	E W	OODIE			
19a. INFORMANT'S NAME ROBERT F.		E	100							mber, City or To			D 21917
- 20er METHOD OF DISPOS - A E Burlal 2 ☐ Cremat	ITION Non 3 🗆 Ren		20b. PLACE	AND DAT	E OF DIS	PRIA	(Name	AR.	1 -	3 9 2	OCATION —	City or T	own, Stata R MD
4 Donation 8 Oth		untilizated 1											
21. SIGNATURE OF FUNER	Zur	1/			22			OARI G SI		UNERA	L HO	ME	
23. PART I. Enter the	diseases, or	complications that	aused the de-	ath Do	not ante			_	_		oiratory ar	rest	Approximata
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	heart failure	. List only ona cause	on aach line.										Interval Between Onset and Dea
Sequentially list cond		DUE TO (O	R AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	WENCE O	F):	12	. 6	منت	4	(cre.			
cause. Enter UNDERL CAUSE (Disease or in that initiated events	YING	cDUE TO (O	R AS A CONSEC	NENCE O	F):								
Sequentially list cond if any, leading to imm cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) LA	ST	d											
PART il. Other algolflo	cent condition	ona contributing to d	eeth but not r	esulting	in the u	nderlyin	g ceuse	givan in	Part i.		N AUTOPSY ORMED? 2 DONO	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	-				-					1	,		1 TYES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	DEATN (Ch	eck onh	one)			
EXAMINER?		HOSPITAL:		Пос	OTHE	R:					e- 2	- 1	
1 YES 2 NO		1 Inpatient 2 I		28b. TI			ne 5 Li F JURY AT	Residence	-	ther (Specify) DESCRIBE HOV	Sis/		Mense-
~	Pending Investigation	(Month, Day,		IN	JURY	W	YES 2	□ NO	200.	DESCRIBE NOV	V INSORT O	CORED	
`	Could not be determined	28e. PLACE OF building, at	INJURY — At ho ic. (Specify)	me, ferm,	street, fa	ctory, offi	CO .			OCATION (Streetly or Town, Sta		or Flurai	Route Number,
Check only /		SICIAN: To the best of m	- Chicago and										
2 U MI			mination and/or i	Investigati	on, In my	opinion,				late and place,			(a) and manner as stated.
29b. SIGNATURE AND TIT	LE OF CERTIFI	JER V						CENSE NUI	MBER	11/09	29d. DA	IE SIGNE	D (Month, Dey, Year)
30, NAME AND ADDRESS	OF PERSON V	VHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Tvn	o Print)	_		_		, - /			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ESUSE O LUSSON 223 WMC EIKTEN

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

by the hospital or attending physician. It be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

YLAND 21215-0020

BALTIMO

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEA
REGISTRAR	CERTIFICATE OF D

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF ICATE OF	HEALTH AND I	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Linst) PHILIP M	ARTIN	SABA	ATINO		2. DATE OF DEATH MONTH	DAY 1.9	YEAR 9 2 8	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-76-5368	1 XM 2 F 2	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 5,		8. BIRTHPL/ Country)	MCE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give JOHNS HOPKINS				OR LOCATION OF DE	ATH		ITY OF DEAT	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV							
DIR		ltimore	10c. CH	Reiste					d. INSIDE CITY LIMITS?
AL C	10e. STREET AND NUMBER	I OTHIOT C			I B COWII		100 CITIZ		YES 2 NO
ER/	12 Ros	aches Lane			21136			U.S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS XXNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 \(\subseteq \text{VES} \) IF YES, GIVE WAR OR D	2 X NO	If yes, s	CENDENT OF HISPAN Decify Cuban, Maxica S 2 NO Specify	IIC ORIGIN? (Specify) n, Puarlo Rican, atc.)	res or No-	14. RACE — Black, W Specify:	American Indian, hila, atc.
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPAT	ON .	16b. KINO OF B	USINESS/INO	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done during m se retired.)	ost of working	Balto.	Co. Be	oard o	of Education
BE CO		. Sabatino, J	r.			ME (First, Middle, Meide Cence Eliz		Simm	
2	19a. INFORMANT'S NAME (Type/Print)					Toute Number, City or To			
	Vincent J. Sabati					terstown,			
	20a. METHOD OF OISPOSITION 10 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cem	PLACEANDDATE petery, crematory or o	ther placel		O6/92 Fi	ocation — c		
	21. SIGNATURE OF FUNERAL SERVICE LI	Ellendt		22. NAME A	no address of FAC chardt Fu	neral Cha	pel		Mills, Md
ATION	shock, of near feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent condition	e contributing to deeth be	ut not resulting	resulting in the underlying cause given in Part i. 2				AVA COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 3 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF OEATH (Che	ck only one)			
200	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ♥ ER/Outp	atient 3 DOA	OTHER:	e 5 🗆 Residence				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	вышег осви	URED	1 1
A P	1 Natural 5 Pending 2 Accident Investigation	1-3-1992	2:58	P. * 1 -	YES 2 X NO	Tumpes	ho	me s	hulie
COMPLETED	3 Suicide 6 Could not be determined 288. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) IN WATER 281. LOCATION (Street and Number of Fund Fluid Colly or Town, State) MICODEMUS ROAD								
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	adge, death occurre	ed at the time, date					
5	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the t	time, data and place, a	ind due to the	cause(s) and	manner as stated.
u II	290. SIGNATURE AND THE OF CERTIFIE				29c. LICENSE NUM				nth, Day, Year)
0 1	Track Tout	ly my			O.C.M.E	•	▶01.	-04-1	1992
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEA			TREET B	ALTIMORE	E MAR	YLANI	21201
	JAN 6 92	32. REGISTRAR'S SIGNA	TURE						

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ERITE	CAIE	אם אל	ПП		REG. NO.			
1. DECEDENT'S NAME (First, BERYL TU		FELT		1				2. DATE MONT JAN		199	YEAR 2	3. TIME OF DEATH 11:15 P M
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
219-70-7735		1 □ M 2 🖔 F	8	1 YRS.	MONTHS DA	YS HOURS	MIN.	MAY	6, 191	0	MAR	YLAND
9e. FACILITY NAME (If not in	astitution, give s	treet and number)			9b. CITY, TO	MN OR LOCA	TION OF D				NTY OF D	EATH
5936 BRANCH					SECR	ETARY				DOR	CHES	TER
RESIDENCE OF DEC	10b. COUNTY	,		10c CITY	TOWN OR L	OCATION						10d. INSIDE CITY
MARYLAND	DORCH	ESTER			RETARY							LIMITS?
100. STREET AND NUMBER 5936 BRANCH						10f. ZIP CO	DE 1664			10g. CIT		VHAT COUNTRY?
11. MARITAL STATUS	ROAD	12. WAS DECEDER	IT EVER IN U.S.	ARMED	13. WAS			NIC ORIGI	i? (Specify Yee	or No.—		E — American Indian,
1 Never Merried 2		FORCES?	YES 2	ОМО	If ye	s, specify Cur YES 2 X N	ban, Mexic	an, Puerto	Rican, etc.)		Speci	k, White, etc.
3)∑X Widowed 4 □ Divo	orced	20 10 20 1000	SEA CHEFAI					,				WHITE
	EDENT'S EDU y highest grade			DECEDENT'S U	ork done durin		lding	198	KIND OF BUS	SINESS/INC	DUSTRY	
Elamentary/Secondary (0	3-12)	College (1-4 or 5	+)	HOMEMA							_	
17. FATHER'S NAME (First, M.	fiddle, Last)					16. MC	THER'S N	AME (First,	Middle, Malden	Surname)		
GEORGE TULL							ARAH					
JOHNSON SHU				P. O.						n, State, Zip . 664	Code)	
20s. METHOD OF DISPOSIT 1X Burlel 2 Cremetic 4 Donetion 5 Other		oval from State	other	E OF DISPOSI place)			11	1		CATION —		own, State
21. SIGNATURE OF THE PARTY		CENSEE	1/1	E IVEW I	22. NAB	E AND ADD	RESS OF F	ACILITY			11111	deli, in
Jen	ouch	2	alle.			LER F T NEW			ME MD 216	531		
23. PART . Enter the d ahock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in death) Sequentielly liet condit if any, leading to imme	neart fallure.	Conge Chin	USE ON AS A COME	ne. Chriseauence ar	Pari	w	AAT	4	diac or reap	ratory an	reat.	Approximata intarval Between Onset and Death
cause. Enter UNDERLY CAUSE (Disease or Inju- that initieted events reculting in daeth) LAS	ing ury	e DUE TO	(OR AS A CONS	SEQUENCE OF								
PART II. Other algnifica	ant condition	na contributing to	death but no	t resulting in	the under	rlying caus	given i	n Part I.	24s. WAS AN PERFOR 1 TYES 2	RMED?	24t	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL					6. PLACE OF	DEATH M	check only n	ne)			-
EXAMINER?	8	·HOSPITAL:	☐ ER/Outpatient		OTHER:							
27. MANNER OF DEATH		2Se. DATE O	F INJURY	28b. TIME	OF 28	c. INJURY AT	. re orustrice	-	SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation	(Month,	Day, Year)	INJ		WORK?	ON 🗌					
	Could not be determined	2Se. PLACE building	OF INJURY — At , etc. (Specify)	home, farm, s	treet, factory,	office			CATION (Street or Town, State)		or Rural	Route Number,
one)		ICIAN: To the best										Test Newscart As
2 MEL			examination and	or investigation	n, in my opin	ion, death oc	cured at th	ne time, dat	e end place, er	nd due to t	he ceuse(e) end menner ee atated.
29b. SIGNATURE AND THE	E OF CERTIFIE		No			29c. l	26	UMBER 38	8	29d. DA	TE SIGNET	(Month, Day, Year)
30. NAME AND ADDRESS OF				,		יוזע ק	יז חרע	MD	21641	3		
31. DATE FILED (Month, Day,			AR'S SIGNATUR		77 4 1711 01	, HUI	TOCK	, PID	2104.	,		
JAN -	7 '92	Sul	a Davidson	n-Rande	02							
		-17										DHMH-15 Ray 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

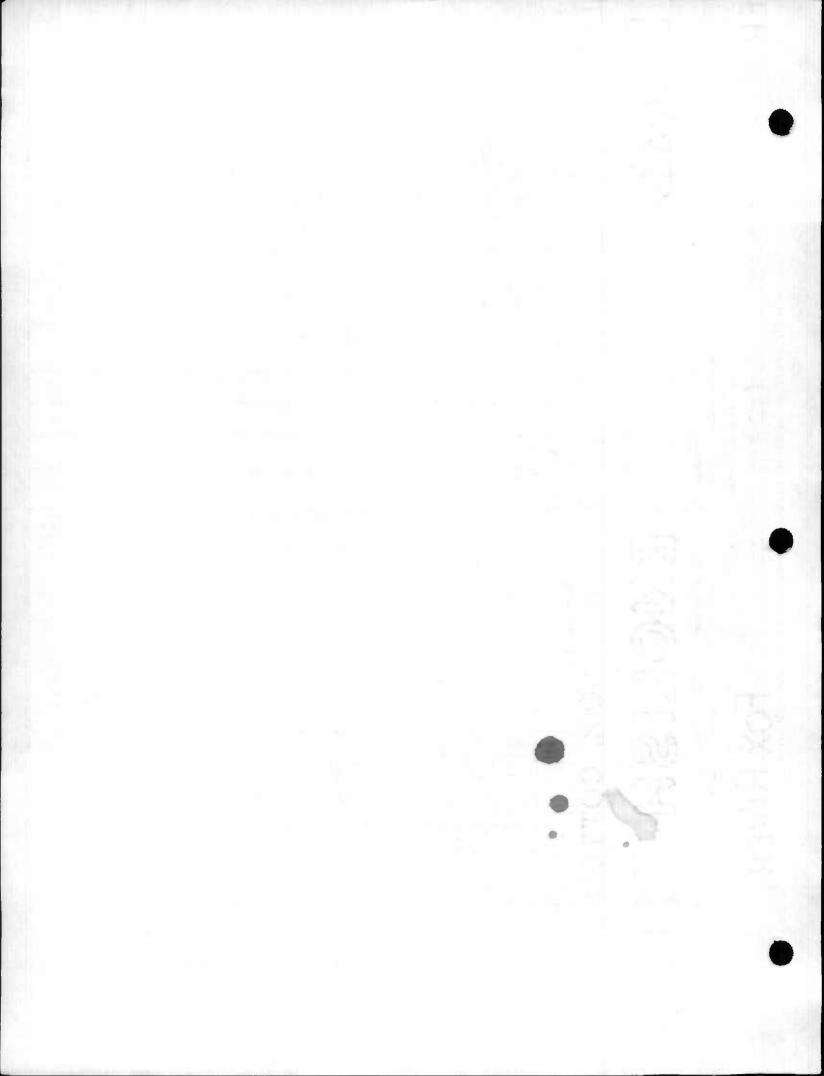
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director than 5 beautificate has been signed by the attending physician and completely filled in by the funeral director to burial. The filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notice.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitan.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director than 5 mounts. The following the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nothered at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

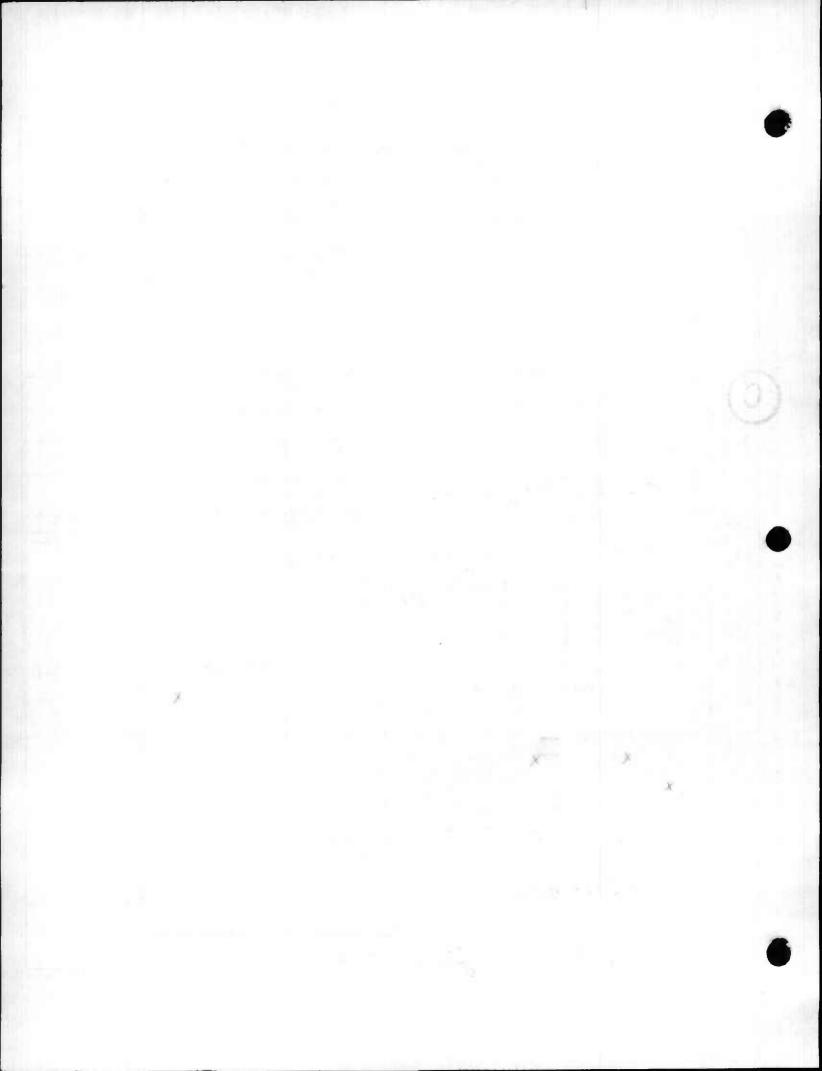
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lat	GrANT	Saur	bauc	2h	2. DATE MONTI	OF DEATH	92"		TIME OF DEATH
4. SOCIAL SECURITY NUMBER 210-01-9072	1 M 2 F	77 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	9/2	OF BIRTH 1, Day, Year) 1/1914		Virg	Contract Con
9a. FACILITY NAME (II not institution of	MOMAN HOS	pital F	TAY CE	R LOCATION OF DI	OMA	re	HA	PO	rd
10e. STATE 10b. COU	Harford		own on Locat berdee					1 6 6	. INSIDE CITY LIMITS?] YES 2. NO
10a. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
2132 Perryman				21001			US		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? MX YES IF YES, GIVE WAR OR DAY	2 NO	If yes, spe	ENDENT OF HISPAI scity Cuban, Maxics 2 NO Specif	n, Puerto I		or No.— 14.	Black, Wh Specify:	American Indian, lite, atc. White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	JAL OCCUPATIO done during mo- tired.)	N at of working	16b	KIND OF BUS	INESS/INDUST	TRY	
12	3	Physic	al The	rapist		- (Govern	ment	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
John William S	aurbaugh	1				t E. S			
19a. INFORMANT'S NAME (Type/Print) Helen Saurbaugh				nd Number or Rural				de)	
20a. METHOD OF DISPOSITION		PLACE AND DATE OF		Rd., Ab	erue		Z I UU I CATION — City	or Town,	State
1 Buriel 2XX remetion 3 R R 4 Donation 5 D Other (Specify)	emoval trom State of c	A. Ferris	other place)		1/2		t Ches		
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AN	D ADDRESS OF FA	ACILITY				
*KINATON	(Inilla	a) when	Aberd	ng-Cargo een, Mar	Fune	eral Ho	ome, P 1_3399	.A.	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF):	THE SA	elman	suy	Dec	lan		Onset and Death
reaulting in death) LAST	_ d								
PART II. Other significant conditions of the con	tions contributing to death b				Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	0	26. PI	ACE OF DEATH (C	heck only o	ne)			
YES 2 NO	Inpatient 2 ER/Outs			e 5 Residence	_		N HIRW OCCUP	NEO.	
1 Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WC	PRK?	28d, DE	SCRIBE HOW I	NJUHY OCCUP	TED	
3 Suicide a Could not	building, etc. (Spec	f — At home, farm, stre- cify)	et, factory, offic	•	28f. LO	CATION (Street or Town, State)	and Number or	Rural Route	Number,
CONSON ONLY	HYSICIAN: To the best of my know								d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	FIER Dept	Sed Cham	ren	29c. LICENSE NO	IMBER		29d. DATE S	IGNED (MO	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE		int) 20	DO 11	La Ca	lunch	Rd No	1. 8	1034
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					9			



age 6 may be interested to attend	director, page 5 process of entraned for use as	er must be notified in once.
certificate be executed within 24 nours after death, I	TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 three-the-man and to use as the complete of the complete o	De med within 72 nous after ocent with the state Dept, or regulation wenter they have to build, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nother once.
HYSICIAN: The law requires that the death	his certificate has been signed by the attend	ked, or item 23 shows any Injury, or
TO THE HOSPITAL DR ATTENDING P	TO THE FUNERAL DIRECTOR: After I	IMPORTANT: It item 28 Is mark

			CE	RTIFIC	AIE OF	DEATH		REG. NO.			
BEL	EDENT'S NAME (First, Middle, Last) _MA	LOUISE	V	VHITEH	FAD		2. DATE OF	DA	5 0	YEAR	3. TIME OF DEATH
	IAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE Of	BIRTH	- 1	. BIRTH	2:00 PLACE (State or Fore
- 11	-16-9196	1 🗆 M 2 💢 F	83	YRS. MO	NTHS DAYS	HOURS MIN.	11/26	5/190		Country	Albany,0
Unic	OUTY NAME (If not institution, give on Hospital	street and number)			Elkton	OR LOCATION OF D	DEATH		Ceci	Y OF DI	
10a. ST/	ATE 10b. COUN	Castle		10c. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS? t X YES 2 N
	Main Towers				10	19711			10g. CITIZE		HAT COUNTRY?
1 🗌 No	RITAL STATUS ever Married 2 Married //idowed 4 Divorced		T EYER IN U.S. ARI YES 2 X N AR OR DATES		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puarto Ric	(Specify Year an, etc.)		4. RACE	- American Indian, White, etc.
Elen	15. DECEDENT'S EDI (Specify only highest grad mentary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5 +	(Gh	re kind of work Do NOT use re		ON st of working	16b. K	IND OF BUS	SINESS/INOU:	STRY	
	11		H	omema	ker			Own I			
	Geiger					16. MOTHER'S N.			Surname)		
19a. INF	FORMANT'S NAME (Type/Print)		19b	MAILING AD	ORESS (Street a	nd Number or Rural			n, State, Zip C	ode)	
	et Y. Swanson	- Daughte	er 2	74 App	ole Roa	d, Newa	rk, DE	197		,	
tXXBu 4 □ Do	THOO OF DISPOSITION Irrial 2 Cremation 3 Ramonation 5 Other (Specify)		20b. PLACE A	ND DATE OF D	SPOSITION /Na	me of	OATE	20c. LO	edo.		
A Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Frank C. Mayer, J 22. NAME AND ADDRESS OF FACILITY Spicer-Mullikin Funeral Home, Inc. 1000 N. DuPont Pkwy., New Castle, DE 19720											
diseas resulti	onticle cause (Fine) and in death) anticle list conditions, leeding to immediate Enter UNDERLYING	b. DUE TO	ingestive (on as a consec rediction) (or as a consect	LENGE OF):	url fa	elure					Onset and E
CAUSE that in	E (Disease or injury initiated events ing in death) LAST	d.	OR AS A CONSEO	DENCE OF):							
CAUSE that in reaultic	E (Disease or injury itiated events ng In death) LAST	d	death but not re		ne underlying	j ceuse given in		In. WAS AN PERFOR	MED?		WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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PART I 25. WAS EXA 27. MANI 1 \$\frac{1}{2} \display 3 \$\display 4 \$\display 29s. CEF	CASE REFERREO TO MEDICAL CASE REFERREO TO MEDICAL MINER? VES 2 10 NO NER OF DEATH Netural 5 Pending investigation Accident Suicide 6 Could not be determined RTIFIER 1 PCERTIFYING PHYS	HOSPITAL: 11 Inpatient 2 28e. PLACE Of building, of the best of th	ER/Outpetlant 3 (INJURY y, Year) F INJURY — At homete. (Specify)	DOA 4 28b. TIME OF INJURY	28. PL THER: Nursing Hom 28c. INJ M 1 1 1	ACE OF DEATH (C) 5 Realdence WAY AT RK? (ES 2 NO	6 Other (S 28d. DESCR	PERFORI YES 2 Specify) BIBE HOW IN ON (Street a flown, State)	MED? NO IJURY OCCUI	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO
CAUSE that in resulting PART I	CASE REFERREO TO MEDICAL CASE REFERREO TO MEDICAL MINER? YES 2 10 NO NER OF DEATH Netural 5 Pending Investigation Accident Solicide 6 Could not be determined Partifier 1 Pecentrifying Phys	ns contributing to A failur HOSPITAL: 1 inpettent 2 28a. DATE OF (Month, Da 28a. PLACE OF building, of	ER/Outpetlant 3 (INJURY y, Year) F INJURY — At homete. (Specify)	DOA 4 28b. TIME OF INJURY	28. PL THER: Nursing Hom 28c. INJ M 1 1 1	ACE OF DEATH (C) 5 Realdence WAY AT RK? (ES 2 NO	6 Other (S 28d. DESCR 26l. LOCATI City or	PERFORI YES 2 Specify) BIBE HOW IN ON (Street a flown, State)	MED? NO IJURY OCCUI Ind Number or	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
COUSE. CAUSE that in resulting PART I	CASE REFERRED TO MEDICAL CASE REFERRED TO MEDICAL CASE REFERRED TO MEDICAL MINER? YES 2 Of NO NER OF DEATH Netural Accident Suicide Homicide COuld not be determined RTIFIER COUNTY OF CERTIFYING PHYS COUNTY OF CERTIFIER MEDICAL EXAMINI MATURE AND TYPE OF CERTIFIER COUNTY OF CERTIFIER CO	ns contributing to A fullur HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da 28a. PLACE OF building, of ER: On the best of ex	ER/Outpetlant 3 (INJURY — At home te. (Specify)	DOA 4 28b. TIME OF INJURY	28. PL HER: Nursing Hom 28c. INJ WO 1 1 1 1, factory, office the Ilme, data my opinion, d	ACE OF DEATH (C) 5	6 Other (S 28d. DESCR 26l. LOCATI City or 1	PERFORI YES 2 Specify) BIBE HOW IN ON (Street a flown, State)	MED? NO IJURY OCCUI Ind Number or	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO
PART I 25. WAS EXA 1 1 27. MANI 1 2 1 29a. CEF (Che one) 29b. Sigi	CASE REFERRED TO MEDICAL CASE REFERRED TO MEDICAL CASE REFERRED TO MEDICAL MINER? YES 2 Of NO NER OF DEATH Netural Accident Suicide Homicide COuld not be determined RTIFIER TO MEDICAL EXAMINI CERTIFYING PHYS COULD THE CERTIFYING PHYS COULD THE CERTIFYING PHYS COULD THE CERTIFYING PHYS COULD THE CERTIFIER MEDICAL EXAMINI COUNTY OF CERTIFIER COUN	ns contributing to A fullur HOSPITAL: 1 Inpettent 2 28a. DATE OF (Month, Da 28a. PLACE OF building, of ER: On the beat of ex	ER/Outpetlant 3 (INJURY — At hometic. (Specify) my knowledge, dear	DOA OT 4 = 28b. TIME OF INJURY te, ierm, street th occurred at westigation, in	28. PL Nursing Hom 28c. INJ WO 1 1 1 t, factory, office the lime, data my opinion, d	ACE OF DEATH (C/	6 Other (S 28d. DESCR 26l. LOCATI City or 1	PERFORI YES 2 Specify) IBE HOW IN ON (Street a fown, State) (a) and mand d place, and	MED? NO JURY OCCUP And Number or There is stated. I dua to the company of th	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO



	1 - STATE DOROTHY	MAE WOODEY	LAND / DEPARTN CERTIFIC	IENT OF HEALTH AN ATE OF DEATH	D MENTAL HYGIEI REG. NO	NE D	
	1. DECEDENT'S NAME (First, Middle, Lest)	MAE	Ula	dey	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-12-6070	1 [] M 2 🛛 F	81 YRS. MO	UNDER 1 YEAR IF UNDER 24 HE NTHS DAYS HOURS MH	Mornth, Day, Year) 11-8-191		BIRTNPLACE (State or Foreign Country) aryland
DIRECTOR	90. FACILITY NAME (IT not institution, give SU: MARY / HUD) RESIDENCE OF DECEMENT	HOSPI	`	CKINTON		PANK	
	Maryland Cha	arles		own or Location Valdorf			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	Hwy 925S, Box 340			20602		l	N OF WHAT COUNTRY? JSA
BY	1 Never Married 2 Married \$\times \times . WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OR	s XXNO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES NO Sp	SPANIC ORIGIN? (Specify Yexican, Puarto Rican, etc.) secify:	14 or No.—	RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	Iffe. Do NOT use rei	done during most of working	16b. KIND OF BU		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph M. Wheeles	r	Administ	18. MOTHER'S	NAME (First, Middle, Maider WOODS		ty Schools
10 B	19a. INFORMANT'S NAME (Type/Print) C. Emmitt Woodey			S, Box 340A,			
	20a. METHOD OF DISPOSITION XXBurlai 2 Cremelion 3 Ran 4 Donalion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICELIA	moval from Stale	OB. PLACE AND DATE OF DI UTANEYON VAITE	SPOSITION (Name of Per Memorial Carlo Name and Address of	Gds 1-7 Tim	OCATION — City ONILIM,	or Town, State Md.
	F. Ridgely	Huntt M	00310	P. O. Box 1	al Home 56. Waldorf	, Md. 2	20604-0156
CERTIFICATION	23. PART I. Enter the diseasea, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO JOR AS	A CONSEQUENCE OF:	In Sar			Approximate intervel Between Onaet and Death
MEDICAL		ns contributing to deeth	but not resulting in the	e underlying couse given	In Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 AD	HOSPITAL:		28, PLACE OF DEATH HER: Nursing Nome 5 Rasiden			
ву РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF		28d. DESCRIBE HOW	NJURY OCCUR	ED
<u>a</u>	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJUR building, atc. (Sp	RY — Al home, farm, street becify)	, factory, office	28f. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno ER: On the bests of examinati	wiedge, death occurred at Ion and/or investigation, in	the time, data and place, and o my opinion, death occured at	due to the cause(a) and ma the lime, data and place, ar	nner as stated.	suse(s) and manner as stated.
8							
TO BE CO	30. NAME AND ADDRESS OF PERSON WH	-//			2259	29d. DATE SI	GNED (Month, Day, Year)

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	ATT	ECIL	s af	1 21
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within we as after death. Plan is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely suite funeral manner	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner ma
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		STATE OF MA	RYLAND /	DEPAR	TMENT	OF HE	ALTH_AN	D ME			UL	10/4
	1. DECEDENT'S NAME (FI	OTH	Y E.	W	AD A	E	OF L	DEATH	2.	REG. NO). 5	YEAR 92	3. TIME OF DEATH 2 4 05A
	4. SOCIAL SECURITY NUMBER 214-01-09 90. FACILITY NAME (# not	33	1 M 2 F	AGE (In yrs. Ins	st birthday) YRS.		DAYS I	IF UNDER 24 HR	0	oate of Birth (Month, Day, Year)		Countr	PLACE (Stote or Foreign y)
TOR		e Coun	ty Gen. Ho	spital				location of			9c. COUN		nore
DIRECTOR	10a. STATE Md.	10b. COUNT	timore		10c. CIT	Y, TOWN OR	LOCATIO		ist	erstown			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBE	state	Rd.				10f. Z	IP CODE	.36		10g. CITIZ		VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dh	Merried	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	IMED NO	113	res, speci	DENT OF HIS fy Cuban, Ma NO Sp	klcan, Pu	RIGIN? (Specify Ye	a or No—	14. RACE Black	- American Indian, White, etc.
COMPLETED	(Specify of Elementary/Secondary	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5+)	(G.	ive kind of a Do NOT us	USUAL OCC vork done dur is retired.)	UPATION ing most	of working		16b. KIND OF BU	siness/indu	STRY	
BE CON	17. FATHER'S NAME (First, Den		ntrose Ree	d			1			First, Middle, Maiden	Surname)		:h
TO B	19e. INFORMANT'S NAME Willi	(Type/Print) am Noo	nan	198	309	ADDRESS (S	Street and	Number or Ru	ral Route	Number, City or Tow	n, State, Zip (2113	56
Н	20a. METHOD OF DISPOSI 11 Buriet 2 Cremet 4 Donation 5 Other	TION Ion 3 🗆 Rem ir (Specify)	oval from State	20b. PLACE A cemetery, cre	AND DATE (OF DISPOSITI	ON (Name	of		DATE 20c, LO	CATION C	ity or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									21117			
2	23. PART I. Enter the shock, or immediate CAUSE (Fi disease or condition resulting in death)	neart fellure. Inei	a. MET DUE TO (OR	A ST	ATI	ot entar th	B r i	of dying, s	7	cerdiac or resp	ratory arre	et,	Approximate interval Betwee Onset and Deal
ERTIFICATION	Sequentially list condi if any, leeding to imm- cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in deeth) LA:	riNG ury	DUE TO (OR	AS A CONSEC	DUENCE OF	ŋ:			-			3	
W: MEDICAL C	PART II. Other algoritic	RC41	contributing to date CEMIA DEPENDI							PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	/Outpetlant 3	□ DO4	OTHER:		E OF DEATH					
ву РНУ		IANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 21						AT 2 NO		Other (Specify) DESCRIBE HOW II	NJURY OCCU	RED	
8	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm building, stc. (Specify)										oute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	29b. SIGNATURE AND TITL				D 4/3	IUMBER		29d. DATE	SIGNED	(Month, Day, Year)			
10	30. NAME AND ADDRESS OF		RDS LE				Η.						, ~ .
	31. DATE FILED (Month, Day,	16er)	32. REGISTRAR'S Julia Da	SIGNATURE						-			

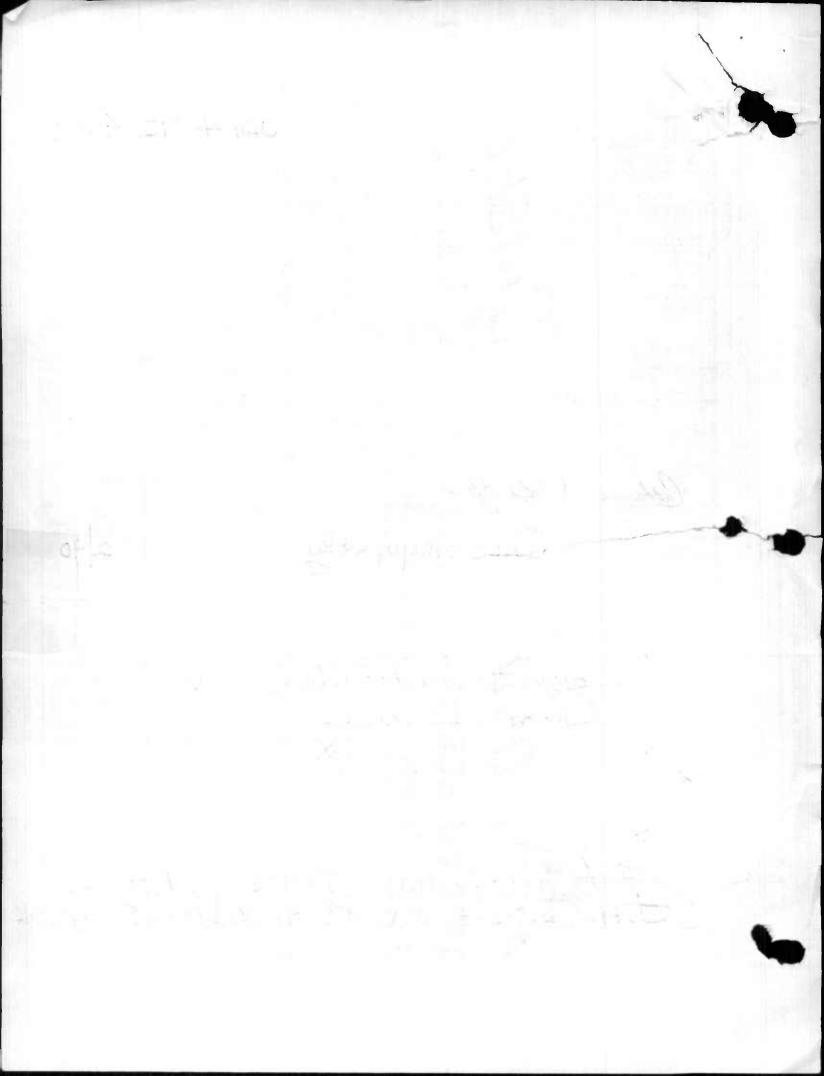
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TO BE COMP	•		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ISICIAN: MEDICAL C	PLETED BY PHY	E CON	TO B	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical	ent, the r	Injury, or other traumatic ev	or Item 23 shows any	Item 28 is marked, o	KÇANT.	IMPO	
TO THE FLACEAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached by the med and the state Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	d in by th	pletely mec	TO THE FLACEAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the be ned with 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tificate has been signed be State Dept. of Health at	L DIRECTOR: After this cer hours after death with th	E FUNERA	日報	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the foosp	ours afte	withi	the death certificate be executed v	IAN: The law requires that	L OR ATTENDING PHYSIC	E HOSPIT	E I	
BALTIMORE, MARY LAND		5, (DIVISION OF VITAL RECORDS, P.O. BOX 13146,	VIIAL HECOR	DIVISION OF			

1. DECEDENT'S NAME (First, Middle, La	st)		IFICATE			2. DATE	REG. NO.	1_	3. TIMPLOF DEATH		
Harley Will	iam Weeks					JA	N 4	- '9	2 4AM		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthd	my) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)		
218-38-4176	1 🔀 M 2 🗌 F	50 YR	S. MORTHS	DATS	HOURS MIH.		5/41		Maryland		
9a. FACILITY NAME (If not institution, give	re street and number)		9b. CITY,	TOWN C	R LOCATION OF D	EATH		9c. COUNTY			
6043 Middleburg	Rd.		1	lidd	leburg			Carr	coll		
10a. STATE 10b. COU	NTY	10c.	CITY, TOWN C	R LOCAT	ION				10d. INSIDE CITY		
Maryland Ca	rroll	N	iddle	ourg					1 X YES 2 NO		
10e. STREET AND NUMBER		147			ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?		
6043 Middleburg	Rd.				21	768		U	.S.A.		
11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	1	f yes, sp	ENDENT OF HISPA belty Cuben, Mexic 2 X NO Speci	en, Puerto F		or No— 14	RACE — American Indian, Black, Whita, atc. Specify: White		
15. DECEDENT'S E (Specify only highest gr	ade completed)	18a. DECEDEN (Give kind life. Do NO	T'S USUAL Of of work done of T use retired.)			186.	KIND OF BUS	INESS/INDUS			
Elementary/Secondary (0-12)	College (1-4 or 5+)		nager					1	oank		
17. FATHER'S NAME (First, Middle, Last)		IIIC	mager		16. MOTHER'S N	AME (First, A	Aiddle, Maiden				
Harley Walton W	leeks				N	Maisi	e Reed				
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
Arnold R. Weeks					Hill Cou				ge, MD 21791		
20a. METHOD OF DISPOSITION 1 General 2 A Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place).											
4 ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE	LICENSEE	Carrott			D ADDRESS OF F						
athanie	O. Xari	bler		Uni		dge,		rtzleı	r & Sons		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death)	DUE TO (OF	R AS A CONSEQUENCE	E OF):		4						
PART II. Other Conditions conditions	Roan				Spuse given in		24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	a :	ACE OF DEATH (C						
1 YES 2 NO	1 - Inpatient 2 - El		TIME OF	alng Hom 28c. INJ	e 5 Rasidence	T	r (Specify) SCRIBE HOW t	WILLIER OCCU	RED		
Netural 5 Pending	(Month, Day,		INJURY M	WC	RK?	200. 023	J. I.DE NOW 1				
2 Accident investigation 3 Suicide S Could not determined	28e. PLACE OF III	NJURY At home, fa . (Specify)	rm, street, fac				ATION (Street or Town, State)	and Number or	Rural Route Number,		
CONTROL ONLY	IVSICIAN: To the best of my								cause(a) and manner as stated.		
296. SIGNATURE AND PITTE OF CONT	* avice	fer.	M		29c, LICENSE M	ID6		29d. DATE S	SIGNED (Month, Day, Wear)		
30. NAME AND ADDITION OF PERSON	CARI CO	FE. Y	Type, Print)	8	10. R	3x 11'	10,1	mio	in Bridge		
31. DAYE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNALUME									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical is	BALLIMORE, MARYLAND	irs after death. Page 6 may be retained by the hospi	in by the funeral director, page 5 should be detached removal.	edical examiner must be notified at once.	
	CONTRACTOR OF THE PROPERTY TO BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, oremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR		STATE OF N	IARYLAND C	/ DEPAI ERTIF	ICAT	T OF H E OF	DEAT	AND I	MEN	REG. NO.	E -	16	00876
	1. DECEDENT'S HAME (First, Mil	ddle, Last)									TE OF DEATH			3. TIME OF DEATH
	FRANZ	XAVER	BENKERT							Mo	13 ⁴	Y	V592	
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		A. BIRTH	PLACE (State or Foreign
	215-10-9615		XX M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	5M	8-07	- 1	Gerr)
	9a. FACILITY HAME (If not institu	ition, give stre	eet and number)			9h CIT	Y TOWN C	OR LOCATIO	ON OF DE		0 07	0 000	NTY OF DE	
H	1 Leslie Avenue							more		AIR				
e i	RESIDENCE OF DECE					D	gill	.more				Ва	ltimo	ore
DIRECTOR	10a. STATE 10b. COUNTY									10d, IHSIDE CITY				
5	Maryland Baltimore					Baltimore								LIMITS?
7	10e. STREET AHD HUMBER			101	. ZIP CODE		_		10a CITI		HAT COUNTRY?			
	1 Leslie Aven				212	36			log. of th	USA	TAT COORTATT			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN			EVER IN U.S. A	RMED	13	WAS DEC			uc on	0(8)23 (Carrella - Mar			
BY F	1 Never Married 2 Married FORCES?						n, Mexica	PANIC ORIGIN? (Specify Yes or Ho— stcan, Puarto Rican, etc.) 14. RACE Black Specify:			- American Indian, White, atc. White			
3	15. DECEDE	HT'S EDUCA	TION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON			6b. KIHD OF BUS	MESS/IND	LICTRY	
11	(Specify only hig Elementary/Secondary (0-12)	thest grade co	College (1-4 or 5+		Give kind of the Do NOT us	work done se retired.)	during mo	st of workin	g	- 1	OU. KIND OF BOS	INESS/IND	USINI	
7	, , , , , , , , , , , , , , , , , , , ,		Conege (1-4 of 5 +	'	M	achi	hinist			Martin Marie			ariot	+ 0
COMPLEIED	17. FATHER'S HAME (First, Middle	, Last)								ME (First, Middle, Maiden Surname)				
	August Benke										Crysta	,		
2	19a. IHFORMAHT'S NAME (Type/				DL									
2	Eric O. Benk										imber, City or Town			
									RILLI.		e, Mary			
	20a, METHOD OF DISPOSITION 1 A Liturate 2 Cremetion	3 🗆 Remov	ret from State	cometery, co	rematory or o	OF DISPOS ther place)	MON (Na	me of			ATE 20c. LOC			
	4 Donatton 5 Other (Specify) LOTTaine Park Maus. 1/17 Baltimore, Maryland 21 HAME AND ADDRESS OF FACILITY													
	Dennis Stephen Xenakis M00640 22. HAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiag as married and the caused the death.													
	anock, or near renure, List only one ceuse on each line.										Approximate Interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition									Onset and Deat				
	disease or condition resulting in death) a. Concessive Horne Foreure Due to (or as a consequence of):								Yns					
.	OF THE STATE OF TH											lua.		
	DUE TO (OR AS A COHSEQUENCE OF): ANTENIO SCIENCOTIC (ANDIO VASC. DISTASE DUE TO (OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF):													
į														
	CAUSE (Disease or Injury the Initiated events OUE TO (OR AS A CONSCOUENCE OF):													
	reaulting in deeth) LAST													
		d.												<u> </u>
	PART II. Other eignificant of	onditiona	contributing to	death but not	resulting i	n the un	derlying	ceuse g	iven in I	Part I.	24a. WAS AN A		24b. \	VERE AUTOPSY FINDINGS
	Demonting (Starry)									WAILABLE PRIOR TO COMPLETION OF CAUSE				
	CA PROSTATE								OF DEATH?					
	1									YES 2 HO				
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
	EXAMIHER?		HOSPITAL:	FB/Outpetient	2 🗆 004	OTHER	₹:							
	27. MANHER OF DEATH	27. MANHER OF DEATH												
	Hatural 5 Penc		(Month, Oa			URY	WOR	RK?		200. U	EŞCRIBE HOW IN.	JURY OCC	URED	
	2 Accident Investigation 3 Suicide 2 Could and by 26s. PLACE OF IMJURY — At home, f					M 1 YES 2 HO			201 200700					
	3 Suicide 5 Could not be determined City or Rown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, offica City or Rown, State)									ite Number,				
	29a. CERTIFIER	IC PUVOICE		or of Histories (SIE SE		_							
	(Check only One) 2 MEDICAL	EYAMINED.	AN: To the best of n	ny knowledge, d	asth occurre	d at the ti	me, data	and place,	and due t	to the c	euse(s) and mann	er ee state	d.	
			Jii Ilii Odele Or III	Jon and/or	investigation	n, in my o	pinion, de	eth occure	d at the t	lme, da	ta and place, and	dua to the	cause(s)	and manner as stated.
	29b. SIGNATURE IND TITLE OF CERTIFIER 29d. LICEHSE NUMBER 29d. I							29d, DATE	DATE SIGNEO (Month, Day, Year)					
	Virut 1. Hate						D28812 > 1/14			114	192			
	30. NAME AHD AGORESS OF PER	SOH WHO					· D	PIE	mo	, h	D		-/	
		RIC	KD	700	~58A		nD	21	120	4				
	31. DATE FILED (Month, Oay, Year)	2 4	32. REGISTRAR	S SIGNATURE	32	/				1				
1	0.44 7 . 199	- 1	T P-WIND	al - Al-ilad										

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE PLACENT, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE LINEAU OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be list with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

7	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIFI	CATE	F HEALTH OF DEAT	H	NTAL HYGIEN		0007	1
	1. DECEDENT'S NAME (FIRST, MIGGIR, Last)					2	MONTH	13/9	9 2 3. TIME OF DE	EATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs		NOW .	IF UNDER 1 Y	EAR IF UNDER	J	DATE OF BIRTH	190	878	0-
	217-38-3200	1 M 2 F	51			AYS HOURS	ARINA	(Month, Day, Year)		BIRTHPLACE (State or Country)	Foreign
	9a. FACILITY NAME (If not institution, give s		3-1		9b. CITY. TO	WN OR LOCATION		ov.29,1	1	Md.	
E			44.1		22. 01. 1, 10	THE OIL LOCALIN	ON OF BEATT		9c. COUNTY OF DEATH		
5	Franklin Square Hospital								Balto.		
DIRECTOR	Md.		10c. CITY	TOWN OR L	OCATION				10d. INSIDE CI	ITY	
								1 YES 2	NO NO		
MA	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY	7	
崱	709 Northrop			2122	0		U.S	. A			
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. AR DES 2 10 MAR OR DATES	2 NO If yes, specify Cuban, Maxico			n, Maxican, P	ORIGIN? (Specify Ye uarto Rican, atc.)		4. RACE — American in Black, White, atc. Specify: White	ndian,	
ED	15. DECEDENT'S EDU	CATION	18a, DE	CEDENT'S	JSUAL OCCU	PATION		16b. KINO OF BU	SINESS/INDUS	STRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		ive kind of w Do NOT use	ork done durii retired.)	ng most of working	g	- School Section			
P P	8th			nest	ic er	ginee	r	apart	ments	, etc.	
5	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden	-	,	
ш		Timmons				Dorothy Sloman					
10 B	19a. INFORMANT'S NAME (Type/Print)		19	. MAILING	ADDRESS (S			Number, City or Tow		ode)	
	Cecelia Baranov	vski	32	209 F	t. Fa	irmou	nt As	700110	21224		
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	over from Ctate	20b. PLACE	ANDDATEO	E DISPOSITIO	N (Name of			CATION — CI	y or Town, Stata	
	4 Donation 5 Other (Specify) Holly Hills Mem. 1/16/92 Baltimore Md										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Joseph N. Zannino, Jr. Funeral Home 263 S. Conkling Street, 21224										
HILLEATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO	(OR AS A CONSEC	DENCE OF	In fe	Diseas				640	in the second
5		d						-			
MEDICAL	PART II. Other significant condition	s contributing to	death but not r	esulting in	the under	lying cause g	iven in Par	t i. 24a, WAS IN PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	F CAUSE
ž	25, WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)										
CIAN		HOSPITAL:	ER/Outpatient 3		OTHER: 4 - Nursing	Home 5 - Rec	sidence 6	Other (Specify)			
SICIAN	1 YES 2 NO	inputtorit & y	40.1 44.400.4	28b, TIME	OF 28c	INJURY AT		d. DESCRIBE HOW I	NJURY OCCUP	REO	
THISICIAN	27. MANNER OF DEATH	26a. DATE OF	INJURY		M 1 YES 2 NO						
- 40	27. MANNER OF DEATH		ay, Year)		M 1	YES 2	NO				
ED BY	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, D	ay, Year) F INJURY — At her					t. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
ED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	26s. DATE OF (Month, D 28s. PLACE C building,	ay, Year) F INJURY — At heats, (Specify)	me, farm, at	reet, factory,	offica	28	City or Town, State)		PASTASES/AICE	
MPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSII	28a. DATE OF (Month, E 28a. PLACE C building,	F INJURY — At holate. (Specify) my knowledga, da	me, farm, at	reet, factory,	offica	28	City or Town, State)	nner sa stated.		stated
COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSII	26a. DATE OF (Month, D 26a. PLACE C building,	F INJURY — At holate. (Specify) my knowledga, da	me, farm, at	reet, factory,	offica data and place, on, death occure	and due to the	city or Town, State) he cause(a) and mar	nner as stated.	euse(s) and manner as	
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	26a. DATE OF (Month, D 26a. PLACE C building,	F INJURY — At holate. (Specify) my knowledga, da	me, farm, at	reet, factory,	offica data and place, on, death occure	28	city or Town, State) he cause(a) and mar	nner as stated.		
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	26a. DATE OF (Month, D 26a. PLACE C building, CIAN: To the best of a	ey, Year) F INJURY — At hose atc. (Specify) my knowledge, de xemination and/or i	me, farm, at	reet, factory,	offica data and place, on, death occure	and due to the	city or Town, State) he cause(a) and mar	nner as stated.	euse(s) and manner as	
TO BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINE 29g. SIGNATURE AND TITLE OF CERTIFIER	26a. DATE OF (Month, D 26a. PLACE C building, CIAN: To the best of a complete to chu:	ey, Year) F INJURY — At hose atc. (Specify) my knowledge, de xemination and/or i	me, farm, at	reet, factory,	offica data and place, on, death occure	and due to the	city or Town, State) he cause(a) and mar	nner as stated.	euse(s) and manner as	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the second particular the last the days the days and second substitute the second substitute to
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N OF V	MAIN CHINADADE
DIVISIO	-

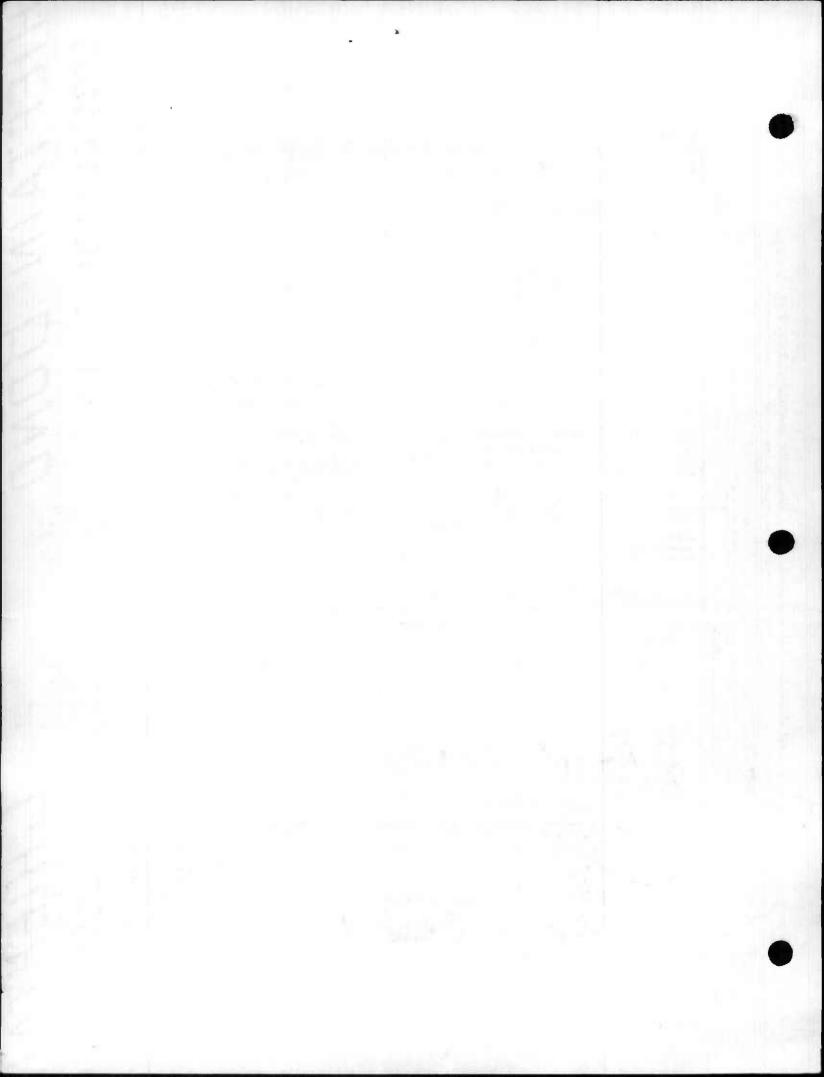
ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow and the death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

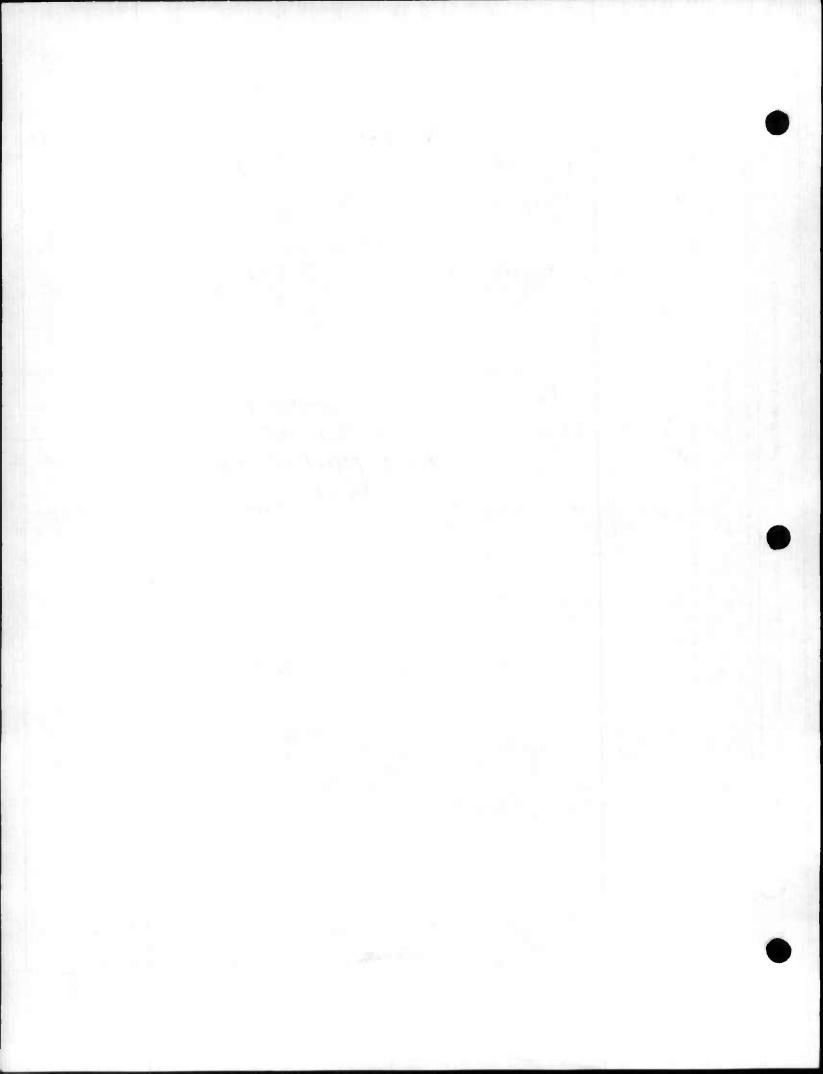
LIMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 00878 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

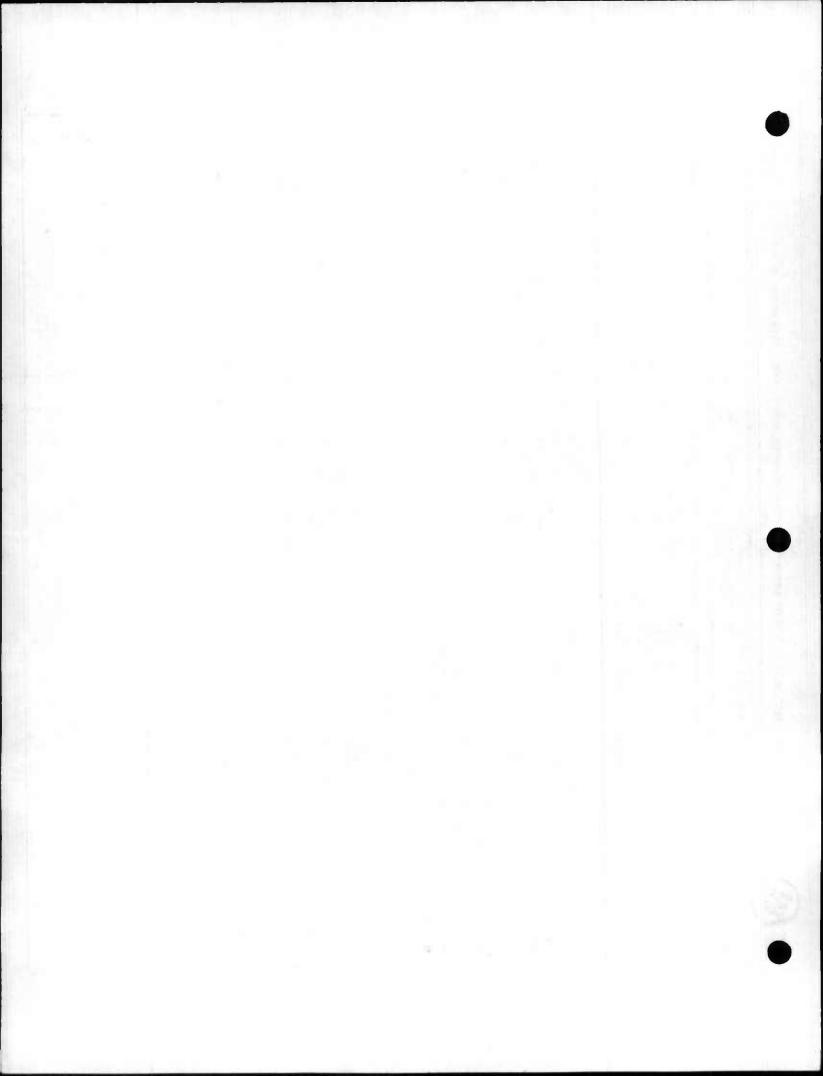
	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF A		ENTAL HYGIENE REG. NO.	12 00878					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH					
	WALTER A.	BROWN		and the	MONTH D/ DAY /4	+ 82 4:07 PM					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest			7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
	26-03-3625 9a. FACILITY NAME (If not institution, give str	1 🛭 M 2 🗆 F 90	YRS. MONTHS DAYS	OR LOCATION DF DEA	5-6-1901	OUNTY OF DEATH					
TOR	HOWard Cour	ty General	Hou	and Co	unty	JOHN OF SEATH					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	1		10d. INSIDE CITY LIMITS? 1 1 YES 2 DYNO					
	10e. STREET AND NUMBER /	0 0		. ZIP CODE	109.0	CITIZEN OF WHAT COUNTRY?					
FUNERAL	5461 huck	101119	ce	2104.		4. S.A					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 NO	O If yes, sp	ecify Cuban, Mexican,	C ORIGIN? (Specify Yes or No- , Puerto Rican, etc.)	- 14. RACE - American Indian, Black, White, etc.					
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR DR DATES	1 🗆 YES	2 NND Specify:		Specify: Black					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Giv	EEDENT'S USUAL OCCUPATI e kind of work done during m Do NOT use retired.)	ON set of working	16b. KIND OF BUSINESS/	INDUSTRY					
OM	17. FATHER'S NAME (First, Middle, Last)			16, MOTHER'S NAM	E (First, Middle, Maiden Surnam	•)					
BE C	Joseph Brow) h		Jenny	Rice						
TO B	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street	and Number or Rural/Ru	oute Number, City or Town, State,						
F	Walter C. Brown 5461 huckpenny Place Columbia, Md 21045										
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo		OF DISPOSITION (Name of or	Mem Per	A Library	- City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. HAME A	ND ADDRESS OF FAC	ILITY /a +	005,100					
	Fyll T	narch	Mar	chfift	- West bach	Ane_					
	23. PART I. Enter the disesses, or c	omplications that caused the der	ith. Do not enter the m	de of dying, such	as cardiac or respiratory	arrest, Approximate					
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on each line. AWKU Rushi				Interval Between Onset and Desth					
	a. AUGUS START STARTS OF THE TOTAL STARTS OF T										
NO	Sequentially list conditions, Due to (or as a consequence of):										
FA	if any, leading to immediate cause. Enter UNDERLYING										
FI	that initiated events Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificant condition	a contributing to death but not m	esulting in the underlying	a cause given in F	Part I. 24e, WAS AN AUTOP	SY 24b, WERE AUTOPSY FINDINGS					
CAL		AMAILABLE PRIOR TO COMPLETION OF CAUSE									
ED					1 YES 2 NO	OF DEATH?					
Σ.					_	1 1 123 2 1 100					
PHYSICIAN: MEDIC	26. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one) 10. PLACE OF DEATH (Check only one)										
YSI	1 TES 2 NO	1/S-Inpatient 2 - ER/Outpatient 3	DOA 4 Nursing Ho	ne 5 🗆 Residence (
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT DRK? YES 2 NO	284. DESCRIBE HOW INJURY	OCCURED					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor	281, LOCATION (Street and Number or Rural Route Number,								
COMPLETED	4 Homicide determined	building, etc. (Specify)			City or Town, State)						
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.										
MO	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)										
TO B	Sec til leve	Detto		1)-48	1606	1/14/92					
F	30. NAME AND ADDRESS OF PERSON WH	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 1105 Litte Patrice Parling, Colorbins, Mi) 2044									
	31. DATE FILED MONTH ON 197 1992	33. MONTHANTS SHOWATURE	andelle	100 / 10/	J 01°77						
	OHIA T 1 1996	0									



	1 - STATE REGISTRAR	SIAIE OF MANTLAN	D / DEPARTMENT OF I CERTIFICATE OF	HEALTH AND MENT DEATH	AL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, La	MEREDITH	V. BELL		TE OF DEATH	YEAR 3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 2 (9 32 5464 9a. FACILITY NAME (If not Institution, gh	10 M 2 DF 7	3 YRS. HUNDER t YEAR MONTHS DAYS	HOURS MIN. (MC	122/18	BIRTNPLACE (State or Foreign Country)						
DIRECTOR	UNIVERSITY 1	taspitup	Ba	OR LOCATION OF GEATH	9c. COUNT	Y OF DEATH						
1	10e. STATE 10b. COU	NTY	10c. CITY, TOWN OR LOCA			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL		2548 W. Fayette St 2223 109. CITIZEN OF										
B√	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO If yes, as	CENDENT OF HISPANIC ORIG Decify Cuben, Mexican, Puert 3 2 NO Specify:	NR? (Specify Yes or No.— 16 o Rican, etc.)	6. RACE — American Indian, Black, White, atc. Specify: Black						
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) / 2 7)	DUCATION 164 completed) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.)	ON 1 ost of working	66. KIND OF BUSINESS/INDUS	ВТЯУ						
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) Bruce	Rather		Delacy	E/Q M							
10	190. INFORMANT'S NAME (Type/Print) Theodore Be	11	19b. MAILING ADDRESS (Street)	Payette	smber, City or Town, State, Zip Co. St Ba Ita	red 2/223						
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	cemeter	ACEAND DATE OF DISPOSITION (No. of perial pay or other place)	M Parte 1-1	STE 20c. LOCATION - CH	y or Town, State						
	> Glad	oner	s Have	ND ADDRESS OF FACILITY LIFE HU 430	lest Walnu	ch Ave						
	23. PART I. Enter the diseases, of ahock, or heart failur immediate CAUSE (Finsi disease or condition resulting in death)	e. Due to (or as a col	ine.	de of dying, auch aa ce	rdiec or respiratory stree	t, Approximate interval Between Onset and Death						
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFI	CAUSE (Disease or Injury thet initieted events resulting in death) LAST											
MEDICAL	PART II. Other eignificent condition	one contributing to deeth but n	ot resulting in the underlyin	g csuse given in Pert i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
Z				ACE OF DEATH (Check only	one)							
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:		154/ Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	OTHER: 4 Nursing Hom 28b. TIME OF 1NJURY 26c. INJ	e 5 Residence 6 Ott URY AT 28d. D		RED						
ED BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	OTHER: 4 Nursing Hom 28b. TIME OF 1NJURY 26c. INJ	URY AT 28d. D RES 2 NO 26f. LC								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

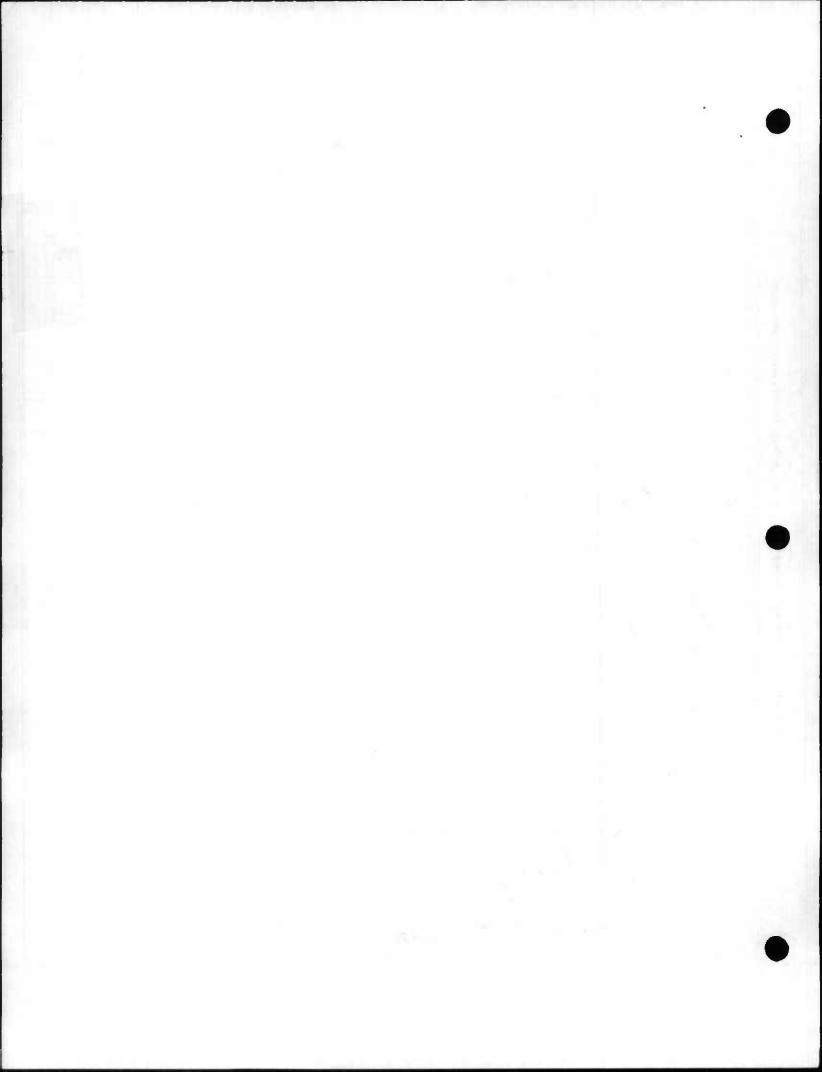
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is merked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MA	CERTIF	ICATE OF DEATH	1	REG. NO.				
EDNA MAY BLAND	st)			2. DATE O MONTH	DE DEATH DAY	92 YEAR	3. TIME OF DEATH 2.40 P		
A. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last pirthday)	IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE O	OF BIRTH	8. BIR	RTHPLACE (State or Foreign		
233-52-7361	1 🗆 M 2 🕁 F	97 YRS.	MONTHS DAYS HOURS	MIN. (Month,	14 1894		UNITY) EST VIRGINIA		
Do. FACILITY NAME (If not institution, giv	e street end number)		96. CITY, TOWN OR LOCATION			COUNTY OF			
KNOWLWOOD NURSI			MILLERSVIL	LE	ANNE ARUNDE				
10e. STATE 10b. COU		10c. CIT	Y, TOWN OR LOCATION			-	10d. INSIDE CITY		
MD AN	NE ARUNDEL	MI	LLERSVILLE				LIMITS?		
Ge. STREET AND NUMBER			101. ZIP CODE		10g	. CITIZEN OI	F WHAT COUNTRY?		
899 CECIL AV	Ε.		21108		1	U.S.A			
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15. DECEDENT'S E	DUCATION	16a DECEDENT'S	USUAL OCCUPATION	166	KIND OF BUSINES	E/INDISTRY			
(Specify only highest gra Elementary/Secondary (0-t2)	nde completed)	(Give kind of v	work done during most of working	100.	KIND OF BUSINES	IS/INDOSTRI	'		
6	College (t-4 or 5+) NONE	HOUSEWI	FE (HOMEMAKER)) OU	N HOME				
7. FATHER'S NAME (First, Middle, Last)	NONE	I HOUSEWI.		1011	IN HUME liddle, Meiden Sume	me)			
THEODORE (NMN) GODFREY		UNKN	111000000000000000000000000000000000000		-/			
99. INFORMANT'S NAME (Type/Print)	GODINEI	19b. MAILING	ADDRESS (Street end Number or		er, City or Town. Ste	ite. Zip Codel			
THOMAS MILSAP									
Oa. METHOD OF DISPOSITION			CHEVERLY LAND OF DISPOSITION (Name of	DATE	BURNIE,		21061		
☐ Burlel 2 ☐ Cremation 3 ☐ Ro	emoval from State	cemetery, crematory or o	ther place)	DATE					
H. SIGNATURE OF FUNERAL SERVICE		ROSELAWN			DLUEF	LELD,	W. VA.		
II. SIGNAL DIE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS	OF FACILITY					
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	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. I	- 6	IF UNDER 1 YEAR MONTHS DAYS	-	R 24 HRS.	OR OF BIRT	н	6. BIRTHPLACE (State of Country)							
стов	90. FACILITY NAME (If not institution, give Francis Scott K	re street and number)	1		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH												
FUNERAL DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUI				, TOWN OR LOC	ATION				10d. INSIDE C LIMITS? 1 YES 2							
	100. STREET AND NUMBER 6106 (ardiff A	venue				2122			10g. CITI	ZEN OF WHAT COUNTRY							
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N			If yea,	ECENDENT specify Cub ES 2 NO	an, Mexicen,	ORIGIN? (Speci Puerto Rican, at	fy Yes or No—	14. RACE — American le Bleck, White, etc. Specify:							
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TO B	Joseph D. Behri		1	6106		t and Numbe	or or Rural Rou		or Town, State, Zip	Code)							
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	► Charle	er & So	on Inc.	6224 Eastern Av													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of):																
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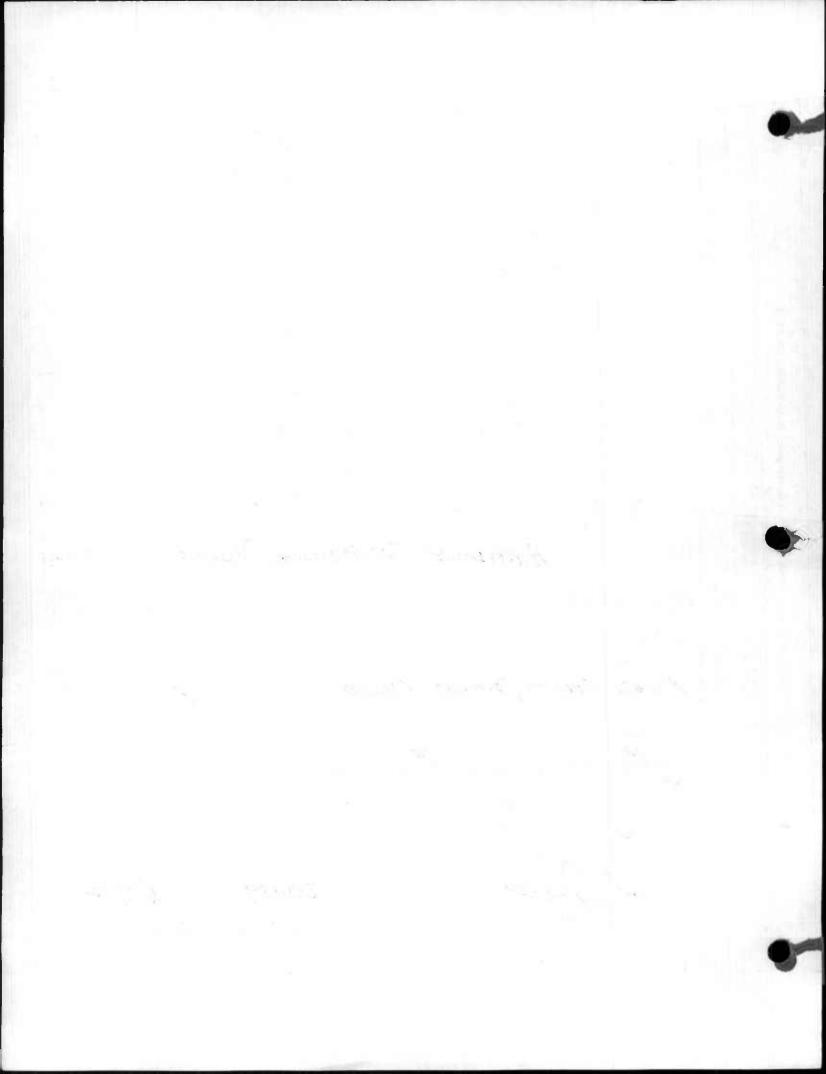
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		Pages 1	
	1	permit	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, T. BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cas after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	item 28 is marked, or item 23 shows any fulury, or other traumatic event, the medical examiner must be notified at once
	SUC	illed in	е теа
P.O. BOX 68/60, 7	th certificate be executed within 2-	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event, the
US,	the dea	the att	Injury.
OF VITAL RECOR	HYSICIAN: The law requires that t	his certificate has been signed by with the State Dept. of Health and	ked, or item 23 shows any i
2	NDING F	R. After t	is mar
2 2	R ATTE	IRECTOR urs afte	m 28
2	0	2 5	ite

pinous

REGISTRAR		CE	RTIFIC	CATE OF	DEATH	REC	. NO.		
1. DECEOEHT'S HAME (First, Middle, Last)						2. DATE OF OE			3. TIME OF DEATH
JANET SIDE	NA BOLLTAS					JANUARY	7 13. 1	992	8:40 P
4. SOCIAL SECURITY HUMBER		AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIE	TH		HPLACE (State or Foreign
212-46-7045	1 🗆 M 2 💢 F	45	YRS.	ONTHS DAYS	HOURS MIN.	OCT . 17	bar)	Count	RYLAND
90. FACILITY NAME (If not institution, give a GOOD SAMARITAN					OR LOCATION OF C	EATH	9c. CO	UHTY OF E	
GOOD SAMARITAN THE STORE OF DECEMENT TOO. STATE TOO. COUNT TO MARYLAND	TOSTITAL			DALI	IMORE				<u> </u>
10a. STATE 10b. COUHT			10c. CITY,	TOWN OR LOCA	TION				10d. IHSIDE CITY
	ALTIMORE			BALTIM	ORE				LIMITS?
100. STREET AND HUMBER 2217 D LOWELLS (11. MARITAL STATUS 1 Novemer Marriad 2 Marriad				10	. ZIP CODE		10g. CI	TIZEH OF	WHAT COUNTRY?
2217 D LOWELLS	GLEN RD.				21234			U.S.	. A
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IH U.S. ARM	AED	13. WAS DE	CENOEHT OF HISPA	HIC ORIGIN? (Spec	Ify Yes or Ho-	14. RAC	E — American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				secify Cuben, Mexic 2 NO Speci		lc.)	Spec	k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DEC	EDENT'S U	SUAL OCCUPATI	ON	16b. KIHD (OF BUSINESS/IN	OUSTRY	***************************************
Elementary/Secondary (0-12) NA 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	IIIO.	DO NUT USe	rk done during m retired.)					
NA	NA	TNST	EUTUR RUCTI	ON ET	EM. SCHO	OL BAL	TIMORE	COUL	NTY
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, A	feiden Surname)		
JOHN PETER BOLLI	AS				ELIZA	BETH CRI	CKENBE	RGER	
19a. INFORMANT'S NAME (Type/Print)			MAILING A	ODRESS (Street	and Number or Rurat				***
CLARA M. SWENGOSH	(SISTER)	4	139 I	OCH LO	MOND DRI	VE. BALT	IMORE.	MD 2	1236
20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE A	ND DATE OF	DISPOSITIOH IN	ame of		oc. LOCATION -		
4 Donation S Other (Specify)		GREEN	MOUNT	CREMA!	CORY		BALTIMO	DRE.	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	CENSES/)	1		22. NAME A	NO ADDRESS OF FA	CILITY			
* Eugene	Lasts	W Car	1	9705	MUNEK FUI BELAIR I	NEKAL HU	MES, II	VC.	21226
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	b	AS A CONSEON	UENCE OF):		45CACAR	Dise	ASE		Onset and Death 3 years
resulting in death) LAST	d								
PART II. Other eignificant condition	e contributing to de	oth hut mat a		Ab					
1	riry, Din	BETES	14:	RLITUS	g cause given in	PE	AS AN AUTOPSY ERFORMEO? SES 2 ANO	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. P	ACE OF DEATH (C)	neck only one)			
1 YES 2 ANO	HOSPITAL: 1 Inpatient 2 El	VOutpetient 3 [THER:	e 5 🗆 Residence	6 Other (Specifi	vi.		
27. MANNER OF DEATH	28e. DATE OF INJ	URY	28b. TIME	V	URY AT	28d. OESCRIBE		CURED	
1 Natural 5 Pending Investigation	(Month, Day,	roar)	IHJUF		YES 2 HO				
3 Suicide 6 Could not be datermined	26e. PLACE OF It- building, atc.	IJURY — At hom (Specify)	ne, ferm, atro	est, fectory, offic	•	28f. LOCATION (S City or Town,	Street and Number State)	er or Rural F	Route Number,
	CIAH: To the best of my								i) end manner se stated.
296. SIGNATURE AND TITLE OF CENTURY	11 11		_		29c, LICENSE NU				(Mogth, Day, Year)
1/1/2/ / 14	160				77311	29	▶	1/14	1/97
30. NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type, P	rint)	V3//	0/		4/1	11/
DR. MICHAEL MINI					DATE	T)(077			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	TIVII N	OUDS R	DALT.	IMORE, M	D 21234	+	-
JAN	1 7 1992	guliano	widow	- flandall					



DHMH-15 Rev 1/89



HYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the build-known narmy powers to a character.	urial, cremation, or removal.	id, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traun

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle	s, Last)							2. DATE OF				3. TIME OF DEATH
	Charles	C	В	aker	r, S	sr.			0 1 -	13	- 19	YEAR	9:12 PM
	4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yrs. last		IF UNDER		IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTHPLACE (State or Foreign	
	234-22-6160		69	YRS.	MONTHS	DAYS	HOURS	MIN.	2-14	mr. Weart	22	Count W •	
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
OR	Francis Sco	tt Kev Me	d. Cent	er	Ba	1+i	more	2					
ᇤ		COUNTY			De. CITY, TOWN OR LOCATION								
DIRECTOR	Md.		_		Baltimore							10d. INSIDE CITY LIMITS?	
7	10e. STREET AND NUMBER						ZIP COD			10g. CITIZEN OF WHAT COUNTRY?			
ER	30 N. Kre	sson St.			21224 U.S								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARI	MED	13.	WAS DEC			IC ORIGIN? (S	pecify Yea			E — American Indian,
BY F	1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	1 YES 2 N	0		It yes, sp	ecify Cuba 2 TNO	n, Maxicar	, Puarto Rica	Puarto Rican, etc.)			k, White, atc.
												Spec	White
COMPLETED	15. DECEDENT (Specify only higher	'S EDUCATION of grade completed)	(GA	ve kind of a	USUAL O	CCUPATIO	ON st of workin	ng	16b. KIR	ID OF BUS	INESS/INE	DUSTRY	
2	Elementary/Secondary (0-12) 4th	College (1-4 or 5	+)	Do NOT us		L							
NO	17. FATHER'S NAME (First, Middle, L	ast)	I IM	acn.	inis	t	40 1107	15010 1101			und	ary	
Ö	Edgar Bake:								ME (First, Midd Ruth	le, Maiden	Surneme)		
BE	19a. INFORMANT'S NAME (Type/Prir		196	MAILINO	ADDRESS	(Street a		_	oute Number, (Cabr or Foun	Chain 7in	Code	
2	Mrs. Mary A	. Baker		O N					Bal				1224
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOS	_	_		DATE		CATION —		
	1 Burial 2 Cremation 3 4 Donation 5 Other (Specific)	More			mor	ial	Par	·k		to.		
- 1	21. SIGNATURE OF FUNERAL SERV	ICE LICENSES	22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home										
	my D	Nuxm	~										
	23. PART . Enter the disease	s, or complications the	at caused the das	the death. Do not enter the mode of dules week as a first the second of					Approximata				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chroni	LC Obst	ruct	ed								Interval Batween Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSECU	UENCE OF	j:								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO	OR AS A CONSECU	UENCE OF	7):								
Ü		d											
A	PART II. Other aignificant con	ditiona contributing to	death but not re	sulting i	n the un	derlying	cause g	iven in F	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL									_ 10	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_ 11									I	nqu	iry		1 TES 2 NO
ž													
ᅙ	25. WAS CASE REFERRED TO MEDIO EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)				
PHYSICIAN:	1 XYES 2 NO 27. MANNER OF DEATH		XER/Outpatient 3		4 🗆 Nurs		5 🗆 Rec	eldence 8	Other (Sp	ecity)			
BY PH	1 Acident 5 Pending	ition	Day, Year)	28b. TIME	M		RK? ES 2		28d. DESCRIE	BE HOW IN	JURY OCC	URED	
	3 Suicide 8 Could n 4 Homicide determin		na, farm, s	treet, facto	ery, offica			28t. LOCATION	N (Street ar wn, State)	nd Number	or Rurel R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO 2 MEDICAL EX	PHYSICIAN: To the best of a	my knowledge, deat	th occurre	d at the til	me, data :	and place, eath occurr	and dua to	o the cause(s) and men	ner as atate	ed. n cause(a)	and manner es stated.
BE	296 SIGNATURE AND TIKE OF DET	TIMEN /	1//				29s. LICE	NSE NUME	BOR		29d. DATE	SIGNED	(Month, Day, Year)
OL	tus	Jel	32	-			0.0	С.М.	E.		01	1/4	1992
	30/HAME AND ADDRESS OF PERSO	B-WHO COMPLETED CALL	SE OF DEATH (ITEM	27) (Type.	Print)				-		VI	14	1774
1	Frank J. Pe	retti. MI	111	Pe	nn	Stre	eet.	Ba	ltimo	re l	Marv	lan	d 21201
	JAN 17 1992	Sima Day	AP'S SIGNATURE	20									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

11-

	1. DECEDENT'S NAME (Firs	t, Middle, Last) ELIQUE		ique De		Bu	rkl	nardt	;	2. DATE OF DEATH	ř4 1	992	3. TIME OF DEATH 2:28 P
	4. SOCIAL SECURITY NUM 220-56-76	546	5. SEX	6. AGE (In yrs. la 41	_	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-29-1		8. BIRTH Countr	IPLACE (State or Foreign
CTOR	90. FACILITY NAME (# not to THE JOH	INS HO	street and number) PKINS HOS	SPITAL		9ь. city, BAL		ORE O	N OF DEA	ATH	9c. COI	UNTY OF D	EATH
EG	RESIDENCE OF DE	10b. COUNT	ry		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
AL DIRE	Maryland 100. STREET AND NUMBER		altimor	e			ons	SVILL	.e		10g. CITIZEN OF WHAT COUNTRY?		
ERAL	9 Holmehu	rst A	Avenue				"	2122	8	US US			
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Dividowed 4 Div	Married	12. WAS DECEDED	NT EVER IN U.S. AF 1 YES 2 X WAR OR DATES	RMED	11	yes, st	CENDENT OF	HISPANI , Mexican	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE	— American Indian,
ED E	and the second	CEDENT'S EDI	JCATION	Tito Di	CEDENT'S (ISUAL OC	CHIDATI	ON		100 VIII 00 0			White
(li	(Specify on Elementary/Secondary (ly highest grad	completed) College (1-4 or 5	+) (G	live kind of wo Do NOT use	ork done di retired.)	uring m	ost of working		r Stat		200000	avland
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)	77	VI G IBOC		C D				E (First, Middle, Maid		Mai	VIAIIU
BE	Maurice		Shuey										.d
2		19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-		Francis J. Burkhardt, Sr. 9 Holmehurst Avenue, Catonsville, MD											
	1 Buriel 2 Cremati 4 Donation 5 Othe	20b. PLACE AND DATE of DISPOSITION (Name of Commetter), Cremettery											
	SORA	7 6	-1-4	THE		Mad	cNa	ibb F	une	ral Hom			21228
	George E. MacNabb MacNabb Funeral Home 301 Frederick Rd., Catonsvil 23. PART I. Entar tha diseases, or complicatione that caused the daeth. Do not anter the mode of dying, euch es cerdiec or reepiratory strest,												
	iMMEDIATE CAUSE (Fi	aert fallure.	List only one cer	uae on asch line	١.				g, euch	es cerdiec or ree	piratory sr	rest,	Approximate interval Between Onaet and Daath
	reculting in death)	7	B. DUE TO	(OR AS A CONSE				1/0					TUHYS
Z	APIASIA									120 DAY			
AT10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ALLE NOTROWS MACROCIOB. TRA									00	1	11- 00	
5	Cause. Entar UNDERLY CAUSE (Disease or Inju		c. DUE TO	(OR AS A CONSE	THENCE OF	AF.	7	W.	Don	It MA	KKO	W	40 DAY
CERTIFICATION	that initiated evanta reaulting in death) LAS	т	WALDE	ENSTA	lones	5 M	AC	ROG	Lol	J. VRA	NSP	LAN	TIYERI
	PART ii. Other eignifica	int condition	na contributing to	death but not a	eauiting in	tha und	arlyin	g cause giv	ven in P		IN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	or two over pre-												
SICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	3		OTHER:		ACE OF DEA					
PHY	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF (Month, D	INJURY	28b. TIME	OF 2	8c. INJ WO	URY AT PRESENTED PRINTERS 2 1 1	:	Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
ETED BY	2 Cutate	Could not be datermined	28e. PLACE C building,	OF INJURY ← At ho atc. (Specify)	me, ferm, etr	eet, factor			_	281. LOCATION (Stree City or Town, Stat	t and Number	r or Rural R	oute Number,
COMPLE			ICIAN: To the best of ER: On the bests of a										and manner as stated,
BE	29b. SIGNATURE AND TITLE			5				29c, LICEN					(Month, Day, Year)
ТО	DANIEL	E	PMER	SE OF DEATH (ITE	1 27) (Type, P	JH	H					/ 11	
	31. DATE FILED (Month, Day,	992	37. REGISTRA	Ar'S SIGNATURE	ec.								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	FAL HYGIENE REG. NO.										
		TE OF DEATH	3. TIME OF GEATN									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT (Mg		BIRTNPLACE (State or Foreign Couptry)									
TOR	90. FACILITY NAME (If not institution, give street end number) 5425 Denmare Avenue Balta Coty RESIDENCE OF DECEDENT 90. COUNTY OF DEATH 90. COUNTY OF DEA											
DIRECTOR	Mary and 106. COUNTY Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO									
FUNERAL	5425 Denmore Avenue 101. ZIP CODE 21	215 10g. CITIZEN	OF WHAT COUNTRY?									
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED If yee, apecity Carbon, Mexican, Puerting 1 YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGINAL O	lo Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: Plack									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	66. KINO OF BUSINESS/INOUST	TRY TRY									
E COM	17. FATHER'S NAME (First, Middle, Last) Herbert Clark 18. MOTNER'S NAME (First Verne	t, Middle, Malden Surname)	V									
TO B	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Nu	imber, City or Town, State, Zip Coo	(10)									
	200. METNOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION / Name of DA	Dalto MD ATE 20c. LOCATION - City	21217									
	Donation 5 Other (Specify) Cemetery Cemetery Cemetery Cemetery		ce Co, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LIVIN CONTOL 1712-14 AL	Funeral H	ome									
	 PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as ca shock, or heart failure. List only one cause on each line. 	irdiac or raspiratory arrest,	Approximata interval Batween									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ASC VD		Onset and Death									
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, M any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
ICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that Initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS									
	Alrial fibrillation	1 TES 2 NO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?									
N: M			1 TES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Oth											
PHY	27. MANNER OF OEATH 28s. DATE OF INJURY AT 28d. OE MANNER OF 28c. INJURY AT 28d. OE	ner (Specify) EŞCRIBE NOW INJURY OCCURE	D									
ВУ	2 Accident Investigation M 1 YES 2 NO											
ETEO	4 Nomicide S Could not be determined S Could not be determined Suited Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Suited States Specify Specif	CATION (Street and Number or Re y or Town, Stete)	ural Route Number,									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the care one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data	suse(a) and menner ae atated. le end piece, end due to tha car	use(e) end menner ae stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER		NED (Month, Day, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	13,01	1/190									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1 my 2	1912									
	IAN 1 / 1992 Guha Davidson-Handalle											

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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JUNG PRISIDIANS THE IMM REQUIRES THAT THE UPGAIN CHEMICATE DE EXECUTED WITHIN 24 HOURS ARE DESTRICTED IN THE IMM REQUIRES THAT THE IMM REPORTED BY THE HOSPITAL OF ATTENDING PRINCIPLE.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Dept	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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2	r thi	Th W	-
DINE.	Afte	deat	-

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, L		RYLAND / DEPAR CERTIF	ICATE OF	DEATH	REG. NO.	2 THE 25 25
	1 1	roll				NTH / PAY/3/4	YEAR 92 1:18
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		TE OF BIRTIN	8. BIRTNPLACE (State or Foreign Country)
	A- FACILITY MANEE (W lands)	1 🗆 M 2 💢 F	S/ YRS.			7-4-1910	May
H	9a. FACILITY NAME (If not institution, o	give struct and number)	do	96. CITY, TOWN	PR LOCATION OF DEATH	9c. COUNT	TY OF DEATN
CTC	RESIDENCE OF DECEDENT	710	75.	VJER	remore		
DIRECTOR	10e. STATE	- T	100.01	A H	TION	<i>t</i> .	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	1.	1	101	f. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	1335 N.CA	Thoux ST	ti		21217	6	154
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	If yes, sp	ENDENT OF HISPANIC ORIGINAL CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	GIN? (Specify Yes or No — 1 to Ricen, etc.)	14. RACE — American Indian, Black, White, atc.
BY	3 Wildowed 4 Divorced	IF TES, GIVE WAR C	OR DATES	1 YES	NO Specify:		531ACK
ETED	15, DECEDENT'S (Specify only highest g	grade completed)	(Give kind of	work done during mo	ON 1 ost of working	66. KIND OF BUSINESS/INDU	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1)	1est	c'		
COMPL	17. FATHER'S NAME (First, Middle, Last)	1.007		18. MOTHER'S NAME (Firs	t, Middle, Maiden Surname)	
BE	Unkne	sev			Unks	roca	
5	19a. INFORMANT'S NAME (Type/Print) M - O + A	Au-10-01	96. MAILING	ADORESS (Street	Part Do	amber, City or Town, State, Zip C	Code)
	20a. METHOO OF DISPOSITION	INORCO	20b. PLACE AND DATE	OF DISPOSITION (Na	Ame of O	ATE 20c. LOCATION - CI	Ity or Town, State
	1 Buriel 2 Cremation 3 1 4 Donation 6 Other (Specify)		Mf. Zion	other place)	1-1	1850 BALL	No
	21. SIGNATURE OF FUNERAL SERVICE	E LICENCEE					70
	1 1 2 - 10	ELICENSEE			ND ADDRESS OF FACILITY	COMMUNI	tx F/H
	· Wince	Brown	1	22. NAME AP WM. 1266	ND ADDRESS OF FACILITY C. BROWN W. NORTI	Ave BA	tx F/H 16-Md 212
	23. PART I. Enter the diseases, ehock, or heart fello	Brown	used the death. Do on each line.	22. NAME AP WM. 1266	W. MORTI	Ave BA	st, Approximata
	iMMEDIATE CAUSE (Finel disease or condition	Brown or complications that co	Used the death. Do on each line.	22. NAME AP WM. 1266	W. MORTI	Ave BA	tx F/H Iter Md. 213 st, Approximata Interval Betwood and D
	IMMEDIATE CAUSE (Finel	or complications that course. List only one cause of	Jused the death. Do non each line.	22. NAME AF WM.	W. MORTI	Ave BA	st, Approximata Interval Betw
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications that ceure. List only one cause of a. Sepsi.	S AS A CONSEQUENCE O	22. NAME AF WM. /2. C/c /2. C/c not enter the mo	W. MORTI	Ave BA	st, Approximata Interval Betw
ATION	iMMEDIATE CAUSE (Finel disease or condition	or complications that ceure. List only one cause of a. Sepsi.	S each line.	22. NAME AF WM. /2. C/c /2. C/c not enter the mo	W. MORTI	Ave BA	st, Approximata Interval Betw
IFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	or complications that ceure. List only one cause of a. Sepsilour TO (OR b. OUE TO (OR c.	S AS A CONSEQUENCE O	22. NAME AF WM. 12. Use not enter the mo	W. MORTI	Ave BA	st, Approximata
SERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	or complications that ceure. List only one cause of a. Sepsilour TO (OR b. OUE TO (OR c.	AS A CONSEQUENCE OF	22. NAME AF WM. 12. Use not enter the mo	W. MORTI	Ave BA	st, Approximata Interval Betw
CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	or complications that ceure. List only one cause of a. Sepsilous TO (OR DUE TO (OR C. OUE TO (OR d.	AS A CONSEQUENCE OF	22. NAME AF WM. /2. C/c not enter the mo	W. No Rt	AV & BIT ardiac or respiratory arres	at, Approximata Interval Betwoen and D
CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	or complications that ceure. List only one cause of a. Sepsilous TO (OR DUE TO (OR C. OUE TO (OR d.	AS A CONSEQUENCE OF	22. NAME AF WM. /2. C/c not enter the mo	W. No Rt	AV & BIF ardiac or respiratory arres	at, Approximata interval Betwoest and D 7 Aug
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	or complications that ceure. List only one cause of a. Sepsilous TO (OR DUE TO (OR C. OUE TO (OR d.	AS A CONSEQUENCE OF	22. NAME AF WM. /2. C/c not enter the mo	W. No Rt	AV & BIT ardiac or respiratory arres 246. WAS AN AUTOPSY PERFORMED?	at, Approximata Interval Betwonset and D 7 Legy 2
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions of the condition of	or complications that ceure. List only one cause of a. Sepsilous TO (OR b. OUE TO (OR c. OUE TO (OR d	AS A CONSEQUENCE OF	22. NAME AF WM. 12. C/c. not enter the mo	de of dying, auch aa ca	AV & BIF ardiac or respiratory arres 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	or complications that ceure. List only one cause of a. Sepsi. a. Sepsi. DUE TO (OR b. OUE TO (OR c. OUE TO (OR d. Hospital:	AS A CONSEQUENCE OF	22. NAME AP WM. PARE AP TO THER:	W. No Rt	AV & BIT ardiac or respiratory arres 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions and the cause of the conditions of the cause	or complications that ceure. List only one cause of a. Sepsi. a. Sepsi. DUE TO (OR b. OUE TO (OR c. OUE TO (OR d. Hospital:	AS A CONSEQUENCE OF AS A C	22. NAME AP WM. PARENTE STATE OF THE PROPERTY	g cause given in Part I. ACE OF DEATN (Check only to 5 G Rasidence 6 G On	AV & BIT ardiac or respiratory arres 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions are saminer? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigations.	or complications that ceure. List only one cause of a	AS A CONSEQUENCE OF AS A C	22. NAME AP WM. PARTY CANA NOTE: In the underlying 26. PL OTHER: 4 Nursing Hom BE OF MURY M 1 1	g cause given in Part I. ACE OF DEATN (Check only the 5 Rasidence 6 Others OTHERS	AV & BIT AND AND AND AND AND AND AND AND AND AND	Approximata interval Betwonset and D 7 Approximata interval Betwonset and D 7 Approximate and D 7 Approxim
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions in the condition of the condition of the condition of the cause of the	or complications that ceure. List only one cause of a. September 10 one to complete the course of th	AS A CONSEQUENCE OF AS A C	22. NAME AP WM. PARTY CANA NOTE: In the underlying 26. PL OTHER: 4 Nursing Hom BE OF MURY M 1 1	g cause given in Part I. ACE OF DEATN (Check only to 5 Rasidence 6 Or URRY AT RRY? YES 2 NO	AU & BIT ardiac or respiratory arres 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO one)	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. In the conditions of the conditi	or complications that ceure. List only one cause of the course of the co	AS A CONSEQUENCE OF AS A C	22. NAME AP WM. 12. NAME AP WM. 12. NAME AP WM. 12. NAME AP 12. NAME AP 24. PL 25. PL OTHER: 4 Nursing Hom 16. OF 18. OF Streal, factory, offici	g cause given in Part I. ACE OF DEATN (Check only to 5 Rasidence 6 Or URY AT WRY 2 NO a 281, LC	AU & BIT ardiac or respiratory arres 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO One) her (Specify) DESCRIBE HOW INJURY OCCU DITY TOWN, State)	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other significent conditions in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in la	or complications that ceure. List only one cause of a. September 10 one to complete the course of th	AS A CONSEQUENCE OF AS A C	22. NAME AP W.M. 12. NAME AP W.M. 12. NAME AP W.M. 15. ST. 26. PL OTHER: 4 Nursing Hom 16. OF 28c. INJ UNY M. UN streal, factory, office	g cause given in Part I. ACE OF DEATN (Check only) to 5 Rasidence 6 Or URY AT WRY 2 NO and place, and due to the cale	AU & BIF ardiac or respiratory arres 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO One) Describe How Injury Occu Describe How Injury Occu Dry Town, State)	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other significent conditions in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in death last resulting in la	or complications that ceure. List only one cause of a	AS A CONSEQUENCE OF AS A C	22. NAME AP W.M. 12. NAME AP W.M. 12. NAME AP W.M. 15. ST. 26. PL OTHER: 4 Nursing Hom 16. OF 28c. INJ UNY M. UN streal, factory, office	g cause given in Part I. ACE OF DEATN (Check only) to 5 Rasidence 6 Or URY AT WRY 2 NO and place, and due to the cale	AV & BIT ardiac or respiratory arrest 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DOCATION (Street and Number of ty or Town, State) DESCRIBE HOW INJURY OCCU DOCATION (Street and Number of ty or Town, State)	24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO



Martin Passen
31. DATE FILED (MONTH, Day, Year)

JAN 17 1992

32 ARGUSTRAB'S SIGNATURE Julia Davidson-Randable

Greene St.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or HOSE TALL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

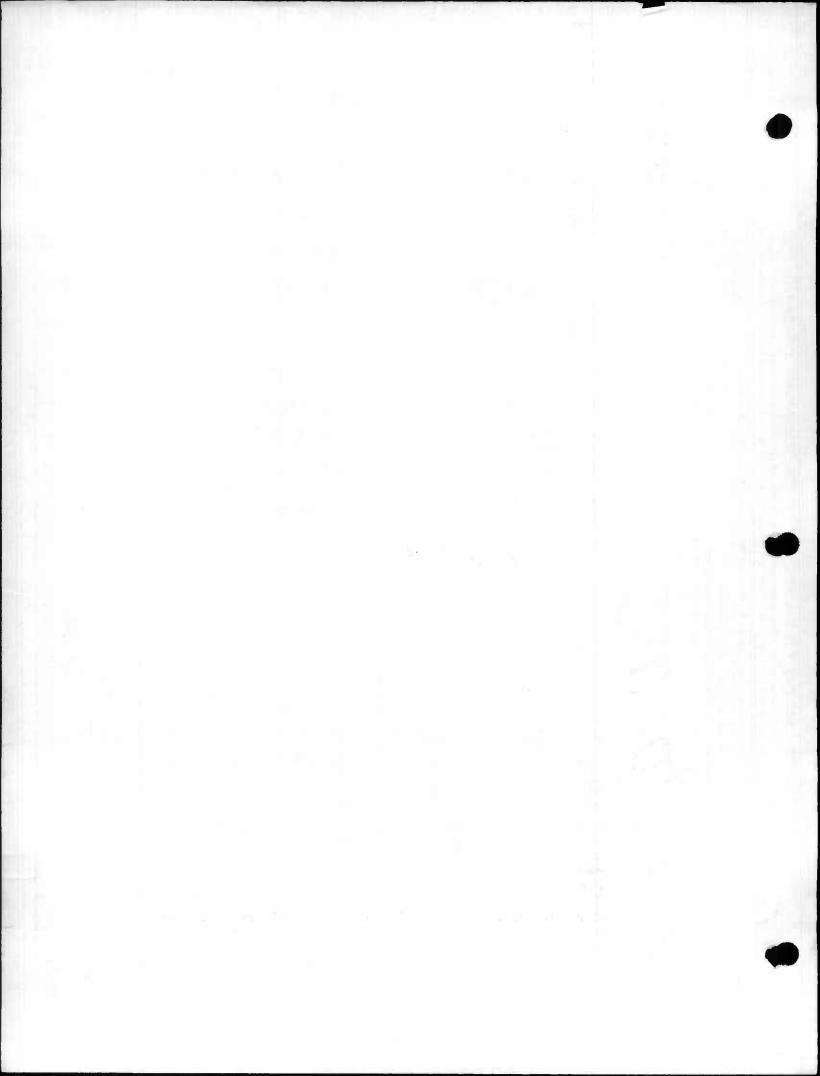
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mohamed Al-Ibrahim, M.D. 3900 Loch Raven Blvd, Baltimore, Md. 21218

32 REGISTBAR'S SIGNATURE
Juna Daydson-Kandall

FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTAI	HYGIEN	E	2	00888
1. DECEDENT'S NAME (First, Middle, Last)			1111					MONTH		NY.	YEAR	3. TIME OF DEATN
Philip C. Demar								-	15-92			10:30 P ™
4. SOCIAL SECURITY NUMBER 220-05-5203	5. SEX	6. AGE (In yrs. les	t birthday) } YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	0F BIRTN 1, Day, Year) 26-13		Country)	Yland
9a. FACILITY NAME (If not institution, give	atreet and number)	/ / /	·	9b. CITY	, TOWN C	R LOCAT	ION OF DI	-	20-13	9c. COU	NTY OF DE	Ψ
5622 Midwood	i Ave.				Balt	imor	e Ci	t.v				
RESIDENCE OF DECEDENT			40. 0177	Y. TOWN (0.	. 0 /				10d. INSIDE CITY
Maryland 10s. STREET AND NUMBER	*		10c. CIT		alti		Cit	у				1 YES 2 NO
5622 Midwood Ave.					101		212			10g. CI11	US.	
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	MED NO		If yes, sp-	city Cub		en, Puerto I	? (Specify Yes	or No—	14. RACE	- American Indian, White, etc.
15. DECEDENT'S EDI (Specily only highest grad Elementary/Secondary (0-12) 8 Years		(G	cedent's live kind of v Do NOT us	vork done	during mo	DN at of work	ing	16b.	KIND OF BU	SINESS/INC		
17. FATNER'S NAME (First, Middle, Last) Catino DeMario						18. MOT			Middle, Malden Marzia	Sumame)		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRES	S (Street a	nd Numbe			ber, City or Tow		Code)	
Philip C. DeMar	io. Jr.		502 V					son.	Md.	21204	1	
20a. METNOD OF DISPOSITION 1 [Y Buriel 2	noval from State	20b. PLACE other pl	ace)								City or Tow	imore. Md.
23. PART I. Enter the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Finel				2 not entai	650) Yo	rk R	d. F	eld Ho Baltim Mac or reap	ore.	Md.	21212 Approximate interval Between Onset end Death
disease or condition resulting in death)	s. Pro	Ca State CONSE	ncer	F):								
Sequentially list conditions, if sny, lesding to immediate cause. Entar UNDERLYING	b	OR AS A CONSE	OUENCE OI	F):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	OUENCE O	F):								
PART II. Other significant condition	ns contributing to	o death but not i	resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25, WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF	DEATH (C	heck only or	nel	_		
EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpetlant 3	DOA	OTHE 4 Nu	R:			6 🗆 Othe				
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26a. DATE O		26b. TIM		28c. IN.				SCRIBE HOW	INJURY OC	CUREO	
3 Suicide 6 Could not be detarmined		OF INJURY — At ho , etc. (Specify)	ome, ferm, :	street, fac	ctory, offic	•			ATION (Street or Town, State		r or Rural Re	oute Number,
29a. CERTIFIER (Check only one) 1 X CERTIFYINO PNY:												and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI							CENSE NU					(Month, Day, Year)
Mah	1N-	1								•	1-16	

31. DATE FILED (Month, Day, JAN 17

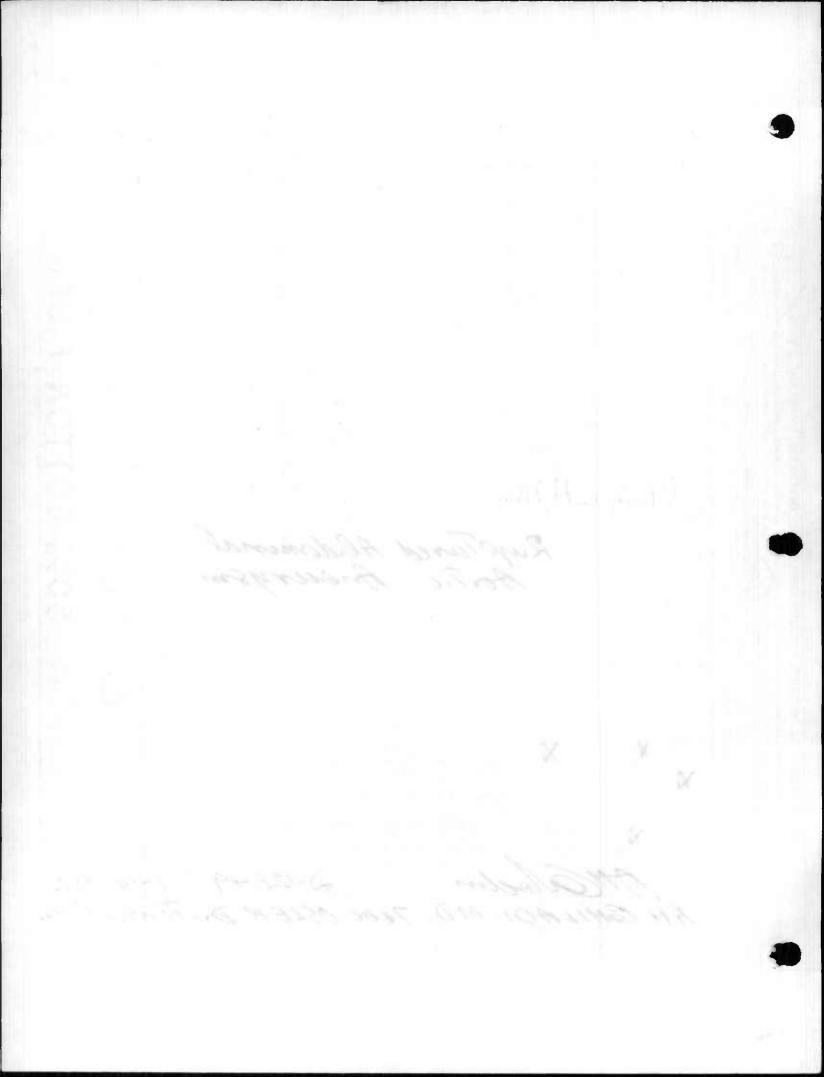


DIVISION OF VITAL RECORDS, P.O. BOX 13146.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death control of the manufacture of the manufacture of the truncation of the state of the manufacture of the state of the manufacture of the state of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

REGISTRAR	_	CERT	FICALI	E OF	DEATH	_	EG. NO.			
1. DECEDENT'S NAME (First, Middle Last	m MABEL E	. DYER				2. DATE OF E	DAY 16	92	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 410-01-9271		AGE (In yrs. last birthde	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Det		Photosopic and the second seco	HPLACE (State or Foreign try) NNESSSEE	
9a. FACILITY NAME (If not institution, give ST. JOSEPH HOS			96. CITY, TOWN OR LOCATION OF TOWSON				4.60	BALT	DEATH LMORE	
RESIDENCE OF DECEDENT								,		
MARYLAND BAL	TIMORE	10c.	TIMON		TION		10d. INSID LIMIT 1 TYES			
10a. STREET AND NUMBER 214 CINDER ROAD			10f. ZIP CODE 21093				1 1	CITIZEN OF	EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS	YES 2 NO		If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 P NO Speci	an, Puerto Ricar	pecify Yea or No. i, atc.)	Blac	E — American Indian, ck, White, atc.	
15. DECEDENT'S ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				ON	16b. KIN	D OF BUSINESS	/INDUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5+)		of work done If use retired.) ASTRES		ist or working		GARMEN'	r		
17. FATHER'S NAME (First, Middle, Lest) RADFORD ELLIS					18. MOTHER'S N.	AME (First, Middle KOC	.,	10)	on	
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street	and Number or Rural	Route Number, C	City or Town, State	, Zip Code)		
JAMES E. DYER		214	4 CINE	ER I	ROAD TI	MONIUM,	MD	21093	3	
20e, METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State	20b. PLACE OF DIS other place) MEADOWR	POSITION (N	ame of ce	netery, cremetory or	K	ELKRI		Own, State	
1 Control 2 Cremetton 3 Removal from State Control from State										
IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant conditions	d	eath but not resulti	ng in the u	nderivir	a cause given in	Part I. 24	. WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDS	
							PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DO	OTHE A 4 Nu		ne 8 🗆 Realdence	8 Other (St	pecify)			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF II (Month, Day	NJURY 28b.	TIME OF INJURY M	28c. IN	JURY AT DRK? YES 2 NO		BE HOW INJURY	OCCURED		
2 CACCIDENT INVESTIGATION 3 Suicide 8 Could not be datarmined	28e. PLACE OF	INJURY — At home, far tc. (Specify)	rm, atreet, fac	ctory, offi			28t. LOCATION (Street and Number or Rural Floute Number, City or Town, State)			
CONSUM UNITY	/SICIAN: To the best of n								(a) and menner as state	
29b. SIGNATURE AND TITLE OF CUIT	When	lm			29c. LICENSE NU	JMBER 284	9 290.	DATE SIGNE	D (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print)	00	054	ER	Dr.	Ton	16-92 Son 212	
31. JAN 177 1992	grana Davidse	r's signature								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	Gue	U	U	U	J	\cup

	REGISTRAR		C	ERTIF	ICATE OF	DEA	TH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH			3. TIME OF DEA	TH
	THOMAS			EV	ANS			0.1		AY 5	1992	7:02	РМ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER I YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Count	PLACE (State or F	
	218-18-1641	1X M 2 F	67	YRS.				7/1	8/25			LET. N	.C.
or.	9s. FACILITY NAME (If not institution, give st				9b. CITY, TOWN					9c. COL	JNTY OF D	EATH	
5	201 N. BROADWAY	APT.	2 M		BALTII	10RE	CII	r y					
DIRECTOR	10s. STATE 10b. COUNTY	,		10c. CIT	Y, TOWH OR LOCA	TION						10d. INSIDE CIT	γ
٥	MARYLAND				BALTI	MORE	СТ	ΨΥ				LIMITS?	NO NO
3AL	10e. STREET AND NUMBER					H. ZIP COD				10g. CIT	FIZEN OF V	VHAT COUNTRY?	
FUNERAL	201 N. BROADWA					2	2123	31			US	A	
	11. MARITAL STATUS 1 Never Married 2 Married		YES 2	RMED NO	13. WAS DE	CENDENT C	OF HISPAN	NIC ORIGIN? ((Specify Yes	or No-	14. RACE Black	— American Ind k, Whita, stc.	len,
ВУ	3 Wildowed 4 Divorced	12/6/4		46		5 2 📉 NO			,,		Speci	Hy:	1.5
ED	15. DECEDENT'S EDUC	CATION	18a, D	ECEDENT'S	USUAL OCCUPAT	ION		16b. K	IND OF BU	SINESS/IN	DUSTRY	BLAC	K
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Collegs (1-4 or 5 d		Give kind of a e. Do NOT us	work done during man retired.)	ost of working	ng			51112001111	DOUTH		
MP													
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mid		.,			
BE	RAY EVANS							H LO					
5	196. INFORMANT'S NAME (Type/Print) AGNES EVANS		19		ADDRESS (Street								
	20s. METHOD OF DISPOSITION		20h BLACE		McCUL DE DISPOSITION (A		ST		rimo.	_		21217	
1	tX Burisi 2 ☐ Cremetion 3 ☐ Remo	oval from Stats			FORES		·т	CEM.			City or To	LLS, M	D
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	1	22 NAME A	ND ADDRE	DE OF EA	CH ITY					
	- ADAMA	(). 10	110+	1	LERO	Y O.	DY	ETT 8	& SO:	N FU	JNER.	AL HOM	E
	23. PART I. Enter the diseases, or co	omplications that	caeaed the d	eath. Do r	of enter the m	LTE	DE RIL	Y HE	LGHT	S A	ENU.	E 2120	
	ahock, or heart failure. L	List only one cau	e on each lin	е.		,.		ir as cardia	o or respi	ratory ar	reat,	Approxim interval B	etween
	disease or condition resulting in death)	Arter	e Des	wit.	2 (000	Line	· Cr	lar	Die	000	0	Onset and	d Death
	resulting in deating	OUE TO	(OR AS A CONSE	OUENCE OF	F):)(10 VI			Pri	الحر	3		
NO	Sequentially list conditions,												
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
FIC	CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSE	OUENCE OF	n:							-	
CERTIFICATION	resulting in death) LAST											į	
2	PART II. Other significant conditions	contribution to	death but not			1000	. /-> -						
DICAL	TAIL II. Guide significant conditions	contributing to	death but not	reaulting i	n the underlyir	g cause g	ilven in i		PERFOR	MEO?	24b.	WERE AUTOPSY F	TO
EDI								_ 1	YES 2	NO		OF DEATH?	CAUSE
PHYSICIAN: ME								-		-		1 YES 2 1	NO
AN	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DE	FATH /Cha	eck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient :	3 DOA	OTHER:								
Ě	27. MANNER OF OEATH	28s. OATE OF (Month, De	INJURY	28b. TIMI	E OF 28c. IN	URY AT		28d. DESCR		NJURY OC	CURED		-
BY	1 Natural 5 Pending 2 Accident Investigation	(Monen, De	iy, rear)	INJ		YES 2	NO						
	3 Suicids 8 Could not be	28s. PLACE Of building,	FINJURY — At he stc. (Specify)	ome, term, s	treet, factory, offic			281. LOCATIO	ON (Street a	nd Number	r or Rural A	oute Number,	
COMPLETED									own, otato,				
P.	29s. CERTIFIER (Check only one)	IAN: To the best of	my knowledge, d	eath occurre	d at the time, date	and place,	and due	to the csuse(s) and man	ner sa sta	ted.		
8	2 X MEDICAL EXAMINER	: On the basis of sx	amination and/or	Investigation	n, in my opinion, o	lesth occur	ed at the I	lime, dats and	d pisce, sne	d dus to th	ne csuse(s)	and manner as a	teted.
BE	296. BIOMATURE AND TITLE OF CONTIFIER	1 mg)			29c. LICE						(Month, Day, Year)	
2	war is	reill	/			0.0	. М.	E.		• (11-1	6-1992	
					Chaind)								
	TO ARC N LOCKE		E OF DEATH (ITE			тргг	מידי	ΔT. T' T I	MODE	MAT	DVIA	ND 212	01
	JUARON LOCKE	imo	NO CIONATURE	111		TREE	т в	ALTI	MORE	MAI	RYLA	ND 212	01

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Per retained by the hosp TO THE FUNERAL DIRECTOR After this certificate has been signed by the aftending physician and completely filled in by the funerable of should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTMORE, MARYLAND 21215-0020 for cealing by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attent	OTHE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	
ed by the ho	uld be detact	ed at once
/ be retain	age 5 shor	be notifi
Page 6 may	director, p	isum se
fter death.	the funeral	oval. ai examin
24 nours at	filled in by	on, or rem
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e be execu	sician and	traumatic
th certificat	ending phy	or other
nat the deal	by the att	ny injury.
requires th	been signed	shows as
IN: The law	ficate has t	item 23
3 PHYSICIA	or this certi	arked, or
ATTENDING	CTOR: Afte	28 Is m
SPITAL OR	ERAL DIRE	T: If item
TO THE HOS	TO THE FUN	De med within 72 hours aren death with the state uppt, or heatht and wental hygiene prior to burdat, chematon, or removal. IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	DEAT	AND	MENTA	AL HYGIEI REG. NO		-	0691	
1. DECEDENT'S NAME (FI	CHAE		ENKI	Emke					J f	N 13	AY 179	YEAR	3. TIME OF DEATH	
219 52 4464		5. SEX	6. AGE (In yrs. 41	VRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	(Mor	ATE OF BIRTN Month, Day, Year) ct. 19 1950 **BIRTNPLACE (St. Country) Maryl:				
Franklin	Sq. Ho				9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle				TH 9c. COUNTY OF				
RESIDENCE OF DE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY			
Md.		altimore			Midd		Rive						1 YES 2 KNO	
112 Rour		ad				101	212				10g. CIT	ZEN OF V	VHAT COUNTRY?	
	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATE					f yes, sp	ENDENT Cooling	n, Maxica	in, Puarto	N? (Specify Ye Rican, atc.)	s or No	14. RACE Black Speci	- American Indian, c, White, atc.	
	nly highest grade			Give kind of the Do NOT u	work done a	during mo	ON st of workin	ng	16	b. KIND OF BU	mica			
17. FATNER'S NAME (First,										Middle, Maider	Surname)			
19a. INFORMANT'S NAME		key, Sr.								lartlov				
Carolyn J		v. Wife			112 R					ther, City or Tou			200	
20a, METNOD OF DISPOSI 1 12 Burlel 2 Cremet 4 Donation - 5 Othe	TION on 3 🗆 Rem		20b. PLAC	FANDDATE	OE DISPOSI	TION (No	me of		5.4	timore 20c. LC /16/92	CATION -	City or To	wn, Steta	
21. SIGNATURE OF FUNER	5	Suy	int		22. P	PUZ	dzins	ss of fa	CILITY Fune	ral Ho	me PA		ore Co., N	
23. PAST I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	naart Tallure.	List only one cau	se on aach lii	na.	not anter	tha mo	da of dyi	ng, suc	h as car	diac or reap	iratory an	eat,	Approximata interval Betwo	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
PART II. Other eignific	ant condition	is contributing to	death but not	reaulting	in tha und	deriying) cause ç	jivan in	Part I.	24a. WAS APPERFO	MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL.			OTHER		ACE OF D	EATH (Ch	eck only o	ne)		1		
1 YES 2 NO		1 Inpetient 2	ER/Outpatient	3 DOA	4 🗆 Nursi			sidence						
1 Natural 5	Pending Investigation	(Month, De		IN.	URY M	WOI 1 N	RK?	NO	28d. DE	SCRIBE NOW	INJURY OCC	URED		
2 Dedalds	3 Suicida 8 Could not be 28s. PLACE OF INJURY — At hor								28f. LOC City	CATION (Street or Town, State,	(Street and Number or Rural Route Number, n, State)			
		CIAN: To the best of R: On the basis of ax											and manner as stated	
MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurrence and other properties.													Month, Day, Ward	
Atonb Ods	ta Matic	a Queva	N/Nor		D	010	28	-	► J	WI	3, Ras			
Storle 7	Tall The	COMPLETED CAUS	E OF DEATH (IT	I E	Print		× 2	h a					1117	
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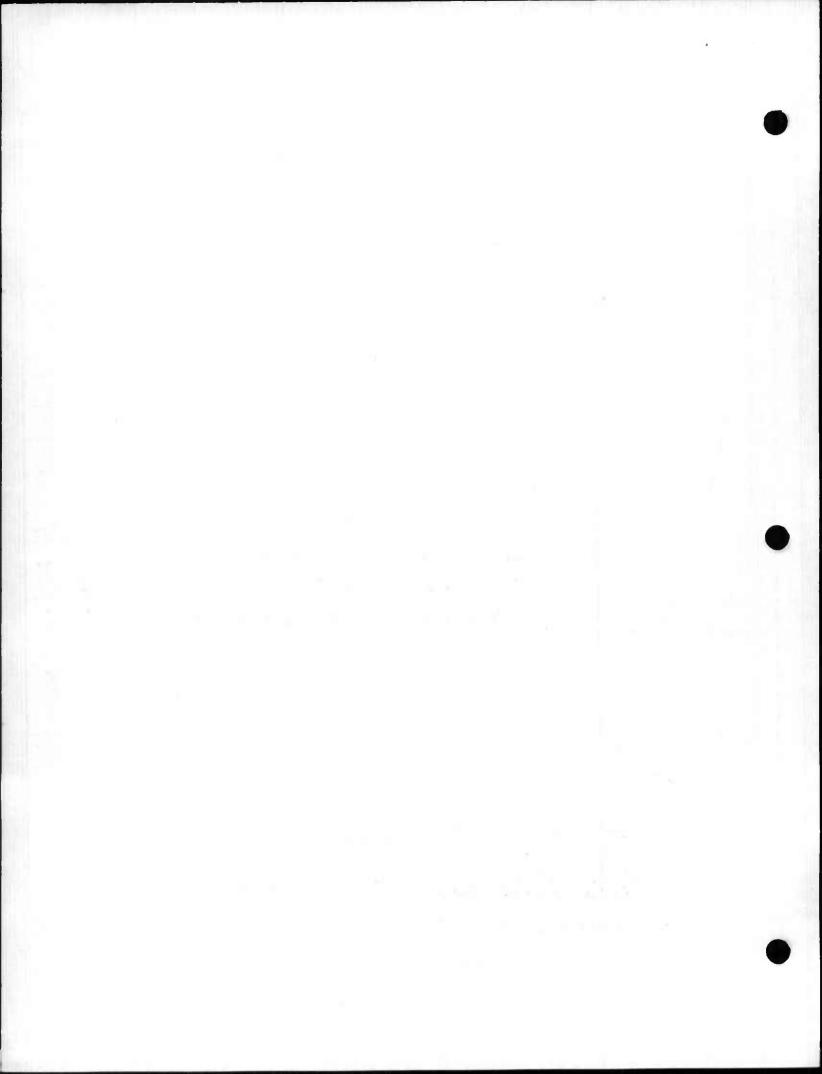
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ALL TANGED AND AND

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy V. E	gbert				2. DATE OF DEATH MONTH 1-16	-	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER 216-44-0772	5. SEX 6. 1 M 2 XF	AGE (In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 10-18	3–13	BIRTHPLACE (State or Foreign Country)	
OR	90. FACILITY NAME (If not institution, give s 7509 Brightside			эь. СІТУ, ТОЖ	OSECULE	DEATH		y of DEATH Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Baltimore	e 10c. CIT	Y, TOWN OR LOS ROSE	dale		10d. INSIDE CITY LIMITS? 1 YES 2 NO	_	
FUNERAL	100. STREET AND NUMBER 7509 Brights	ide Ave.			101. ZIP COOF 21237	7	10g. CITIZEI	TIZEN OF WHAT COUNTRY? USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 . Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	Il yee,	Specify Cuben, Mexic ES 2 NO Speci	NIC ORIGIN? (Specify Yesan, Puerlo Ricen, stc.)	e or No— 14	Bleck, White, stc. Specify: White	_
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		III. Do NOT us	work done during	most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel Kilmon				18. MOTHER'S N	AME (First, Middle, Meiden a SampSon	Sumame)		
10 B	190. INFORMANT'S NAME (Type/Print) Albert Egbert		196. MAILING	9 Brigh	tend Number of Avrail tSIGE AV	Balto.	'Mil'5'10, Zip2's	237	
	20e. METHOO OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	206. PLACE AND DATE Of Cametery, crematory or of Parkwood	OF DISPOSITION (1	ocation — city	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kelly	/	Cvac	and address of F h/Roseda. Chesaco	le Funeral	Home		
ERITICATION	23. PART I. Enter the disesses, or ahock, or heart fellure. IMMEDIATE CAUSE (Finsi disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Cond le DUE 70 (DR TO (DR T	AS A CONSEDUENCE OF	Heart Enger	taile ction		18.1	Interval Batweet Onset and Deat	
MEDICAL C	PART II. Other significent condition	s contributing to dea	ith but not resulting	in the underly	ing cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				_
BY PHY	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ERU 28e. DATE OF thus (Month, Day, Ye	JRY 28b. TIM	E OF 28c. I	NJURY AT VORK? YES 2 ND	8 Other (Specify) 28d. OESCRIBE HOW	NJURY OCCUR	NED	_
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, a (Specify)	street, tactory, of	lice	281. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,	-
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYSION9) 2 MEDICAL EXAMINE	CIAN: To the best of my in R: Dn the beels of exemi	knowledge, death occurre	ed at the time, de	te end piece, end du	to the cause(s) end me	nner as atated.	euse(s) end manner ee stated.	_
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	Ment	Borg, M	D Print)	MD D	14413	29d. DATE SI	IGNED (Month, Day, Year)	
	Paul L. Tecklenberg. 1. DATE FILED (Month, Day, Year) JAN 1		9105 7	Franklin-Randage	is Square	Dr. Beh	Hinery	MO 21237	-

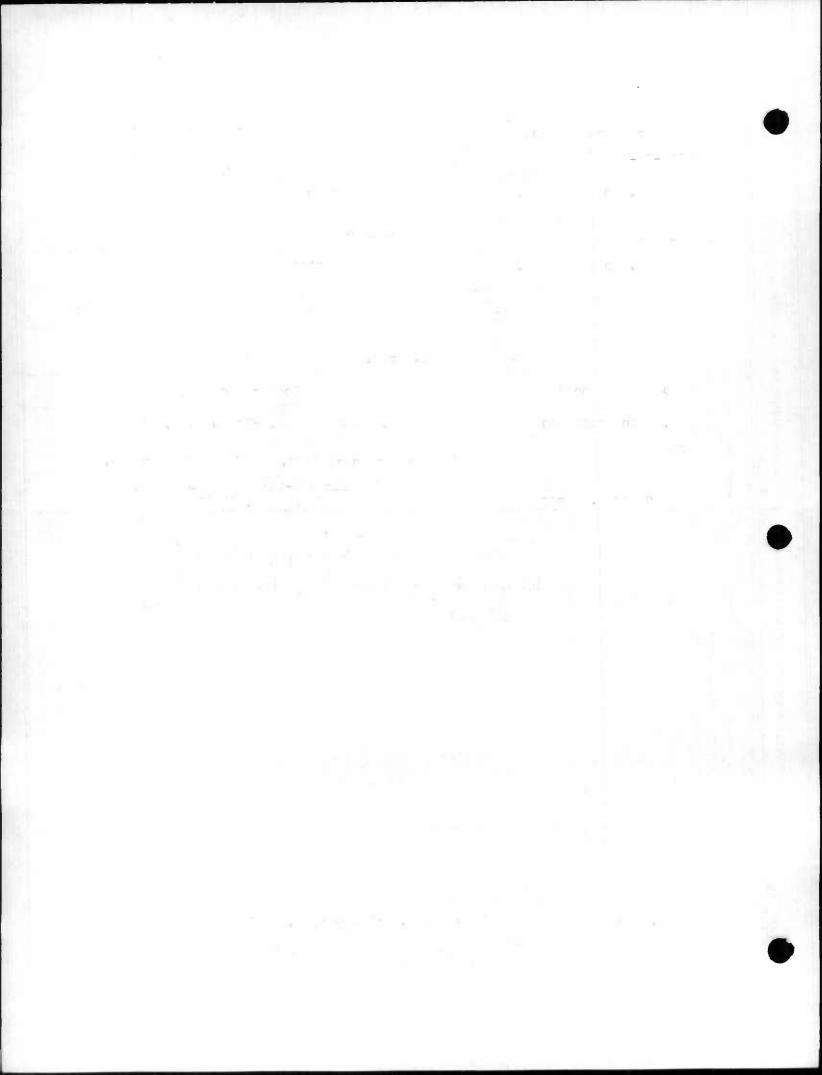
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the manner of remands of the funeral director, page 5 should be detached for the purity of remands.	0
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E HO	E FUP	RTAN
E.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundamental process after death with the State Dent, of Health and Mental Molece prior to burial cremation, or removal	IMPORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical eventines must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN	_		
	1. OECEDENT'S NAME (First, Middle, Las John Joseph					2. DATE OF DEATH	3 vg	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 136-32-3686	txXM 2 □ F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/7/1914	C	IRTHPLACE (State or Foreign outly) EW YORK	
OR	90. FACILITY NAME (H not institution, giv 804 W. Northerr		96	Balti	MOTE	DEATH	9c. COUNTY	OF DEATH	
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10aryland	NTY		own or Location	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	10a. STREET AND NUMBER 804 W. Northerr	Pky.		101.	21210		U.S	A.	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR WW 11	3 2 NO	13. WAS DECE If yee, special Telestrian	ify Cuben, Mexic	NIC ORIGIN? (Specify Yeen, Puerlo Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret Ret. Capt	done during most ired.)	of working	16b, KIND OF BU	SINESS/INDUSTF	ay .	
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Paul Foote				18. MOTHER'S N Flore	AME (First, Middle, Meiden nce Dosser	Sumame)		
2	Dr. Antoinette	lood	19b. MAILING ADD 804 W.	Northe	n Pky.	Baltimore,	n, State, Zip Code Md • 212	10	
	20s. METHOD OF DISPOSITION 1-6-Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State 20	b. PLACE AND DATE OF DI metery, crematory or other p lington Na	sposition (Nam blace) tional	cemt.		cation - city of		
	21. SIGNATURE OF FUNERAL SERVICE Robert M. Kra	Solut m	Krat	Mitc 650	0 York	edefeld Ho Rd. 21212			
CERTIFICATION	23. PART i. Enter the diseases, o shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Squamer Due to (or as CO PI	each line.			netasta netasta		Approximate interval Between Onaet and Death	
PHYSICIAN: MEDICAL C	PART ii. Other significant condition	ons contributing to death	but not resulting in th	e underlying	cause given in	Part i. 24e. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	CE OF DEATH (CI				
YHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJUI WORK	Y AT	6 Other (Specify) 26d. DESCRIBE HOW II	JURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUID	Y — At home, ferm, street,		S 2 NO	281. LOCATION (Street & City or Town, State)	nd Number or Ru	ral Route Number,	
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know	viedge, death occurred at	the time, data er	nd place, end due	to the cause(e) end man	ner as stated.		
IO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	Axeliun	7		9c LICENSE NUI			IED (Month, Day, Year)	
	Dr. Charles An 31. DATE FILED (Month; Day, Year)	gell 611 Pa	ark Ave. Ba	ltimore	Md.21.				

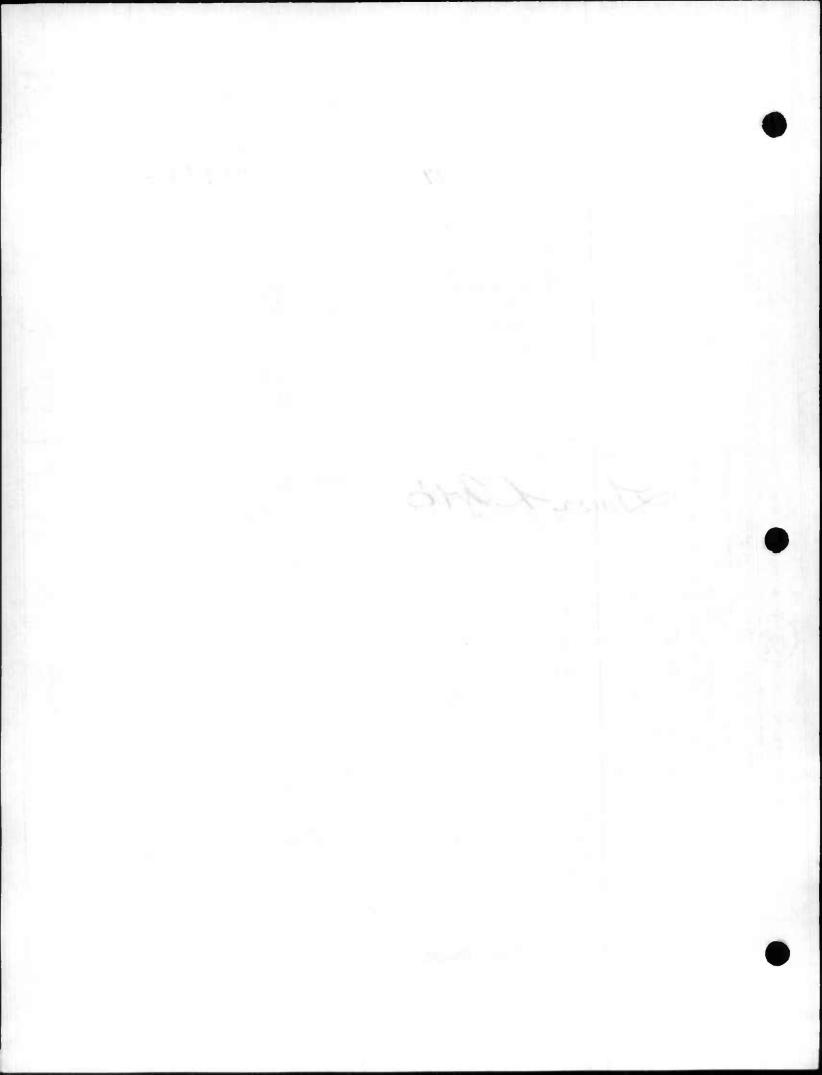


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DIVISION OF VITAL RECORDS RO BDX 68760,

BDX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the described within 24 hours after death. Page 6 may be retained by the hospital or attending physicis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended by the fine of the filed in by the funeral director, page 5 should be detached for use as the burlat-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BDX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended on the said completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any

1 - STATE REGISTRAR		STATE OF M				HEALTH AND	MENT	AL HYGIEN	(E	- U	0034	
1. DECEDENT'S NAME		GLORIA JEAN FRANKTON						2. DATE OF DEATH DAY			YEAR 12:25 A	
4. SOCIAL SECURITY 217-40-8	3720	5. SEX 1 M 2 X F	M 2 NF 49 YRS. MONTHS DAYS HOURS MIN						942	Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL RESIDENCE OF DECEDENT							•	9c. COUNT	Y OF DEA	гн	
HARBOR I	10b. COUNT								10d. INSIDE CITY LIMITS? 1 X YES 2			
	3010 MALVIEW ROAD					21230			10g. CITIZEN OF WHAT COUNTRY? USA			
3 Widowed 4		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES				CENDENT OF HISP pecify Cuban, Maxi S 2 XNO Spec	ican, Puarto	N? (Specify Ye Rican, atc.)				
Elementary/Second 12TH	i. DECEDENT'S EDU ity only highest grade tary (0-12)	CATION completed) College (1-4 or 5 +	(Gh	e kind of wo Do NOT use	ork done during m retired.)	UAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
17. FATHER'S NAME (F ARTHU 190. INFORMANT'S NA	17. FATHER'S NAME (First, Middle, Last) ARTHUR FINKENBINDER						YS .	Middle, Maiden (UNKNO	WN)			
JOHN H. I	RANKTON			30	10 MALV	IEW RD,		IMORE,	MD	2123		
4 Donation 5 🗆	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Cemelery, crematory or other place) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND DATE OF DISPOSITION (Name of Cemelery, crematory or other place) MEADOWRIDGE MEMORIAL PARK 1-20 ELKRIDGE, MARYLAND 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD 21229											
iMMEDIATE CAUSI	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Batteria.										Approximate interval Batwe Onsat and Date	
If any, leading to it cause. Enter UNDE CAUSE (Disease of that initiated event	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other alge	nificant condition	a contributing to o	death but not re	sulting in	the underlylr	g cause given i	n Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	CO OF	ERE AUTOPSY FINDING ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERE EXAMINER? 1 YES 2 N	TOYER 1 DAY											
25. WAS CASE REFERE EXAMINER? 1 YES 2 7. MANNER OF DEATH 1 Neturni	f Pending Investigation	28a, DATE OF I (Month, Da	NJURY	20b. TIME	OF 28c. IN	BURY AT DRK?			DE HOW INJURY OCCURED			
2 Accident 3 Suicida 4 Homicide	8 Could not be determined	28s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street City or Town, State						t and Number or Rural Route Number, e)				
		CIAN: To the best of r									d menner as stated.	
296. SIGNATURE AND	TITLE OF CERTIFIER	de Boy) Cop	Hons	e offin	21c. LICENSE N					onin, Day, Year)	
30. NAME AND ADDRE	de Bor	ja m	٥.	3001		anoven	St.	B,	415m	me	21230	
JAN 17	1992 4	32. REGISTRAR	'S SIGNATURE						-			



TO BE COMPLETED BY FUNERAL DIRECTOR

92-0230-005 I FOR STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		part I, 27 YLAND / DEPA CERTIF	per Mi RTMENT OI FICATE C	GC G-683 1 FHEALTH AND OF DEATH	REG. NO		00	895
DEBRA	LEE		GALLOW	AY	2. DATE OF DEATH MONTH 0	19	92 3. THE	E OF DEATH
i. social security number 218 84 3790	1 🗆 M 2 🍱 F	GE (In yrs. lest birthday) 28 YRS.	MONTHS DAY		7. DATE OF BIRTH		(State or Foreign	
99 STEMMERS RURESIDENCE OF DECEMENT	The state of the s	APT B	96. CITY, TOW	VN OR LOCATION OF D	EATH	717	TY OF DEATH IMORE	COUNTY
	altimore	10c, CI	TY, TOWN OR LO				L	NSIDE CITY IMITS? YES 2 X NO
99 Stemmers				101. ZIP CODE 21221		10g. CITIZ	EN OF WHAT CO	OUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Moivorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O		If yes.	DECENDENT OF HISPA , specify Cuban, Mexico YES 2 XNO Specific	NIC ORIGIN? (Specify Yas an, Puerlo Rican, etc.) iy	or No-	14. RACE — Am Black, White Specify: V	erican indian, , etc. Vhite
15. DECEDENT'S EDI (Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEOENT'S (Give kind of life, Oo NOT to HOUS	S USUAL OCCUP. work done during ise retired.) EWIIE	ATION most of working	166, KIND OF BUS	ome	JSTRY	
7. FATHER'S NAME (First, Middle, Last) Leslie C	. Turner			18. MOTHER'S NA	n Upperco	Sumame)		
Robert W. Stanl		19b. MAILING 3217	E. Mon	et and Number or Rural nument St.	Balto. 21	n, State, Zip (205	Code)	
De. METHOD OF DISPOSITION Burlel 24 Cremation 3 Rem Donellon 5 Other (Specify)		206. PLACE AND DATE cemetery, cremetory or Green Mou	of disposition of the place of the creation of	(Name of natory	in a		ty or Town, Statore, Mc	
1. SIGNATURE OF FUNERAL SERVICE LI	Dung	inski	Bru		Funeral Hon Ave. Bal		Md. 212	221
3. PART I. Enter the diseeses, or shock, or heart failure. MMEDIATE CAUSE (Final liseese or condition esulting in death)	a. Alcoholi	eed the deeth. Do n eech line. LC Liver [s a consequence of	not enter the	mode of dylng, suc	th ee cardiac or reepi	ratory erre	st, A	Approximete Interval Between Onset and Death
equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENCE O	F):					
nat initiated events esulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE O	F):					
ART II. Other eignificant condition	ns contributing to death	n but not resulting	In the underly	ring cause given in	Part I. 24a. WAS AN PERFOR	MED?	AWAILAI COMPLI OF DEA	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)			
1 XYES 2 NO MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF INJUR (Month, Day, Yee	Y 26b. TIN	4 Nursing H IE OF 28c.	ome 5/ Residence INJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCU	PRED	
2 Accident Investigation								

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29d. DATE SIGNEO (Month, Day, Year) O.C.M.E. COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 STREET BALTIMORE MARYLAND PENN 132 REGISTRAR'S SIGNATURE 1992



21201

01-16-1992

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Tokert a. Stanley mother 3217 . Comment St. bolto. 21105

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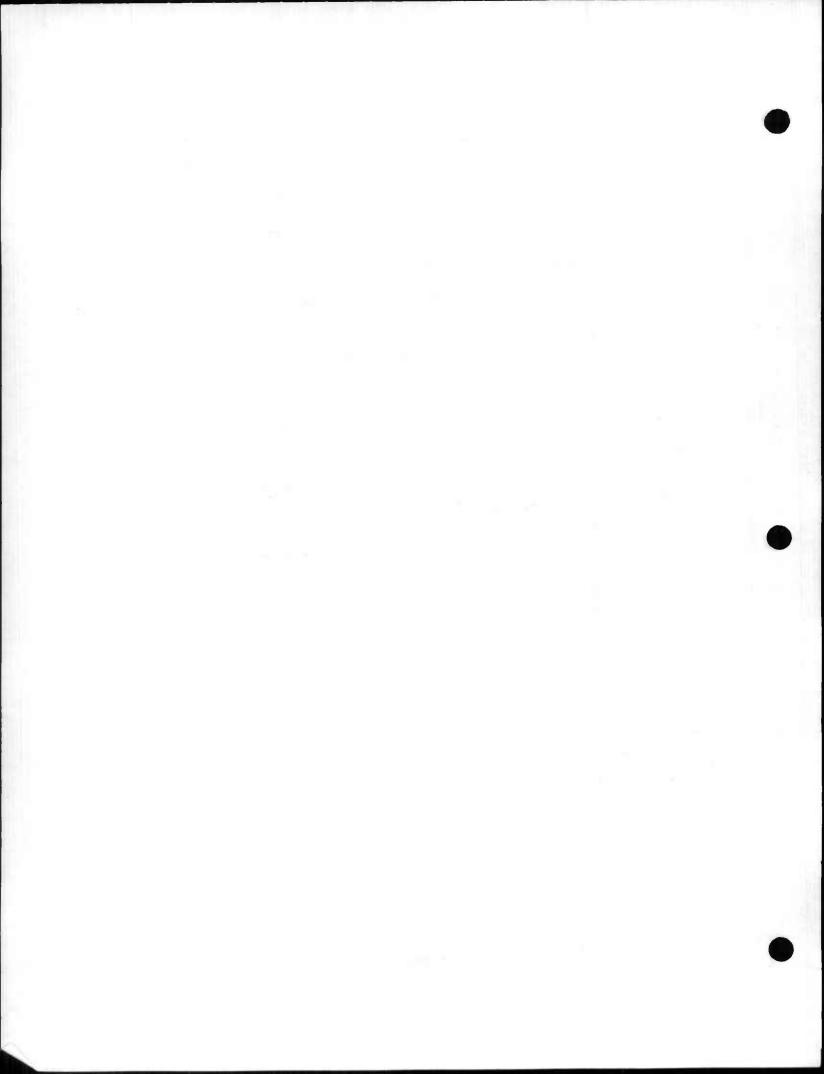
reservant Femous towers 1407 Rattern Ave. [127]

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	--

	1 - STATE REGISTRAR	SIAIE UF I				E OF I			MENTAL HYGIEN REG. NO		26	00898
									2. DATE OF DEATH MONTH D	1/12/	92 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 18 8288	5. SEX	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF (Month, I			7. DATE OF BIRTH (Month, Day, Year) May 22, 1	906	ACE (State or Foreign		
OR	96. FACILITY NAME (If not institution, give St. Agnes Hosp			9b. CITY	r, TOWN OR Bal	LOCATIO			9c. COUNTY OF DEATH Baltimore City			
DIRECTOR	100. STATE 10b. COUNT 10T 10T 10T 10T 10T 10T 10T 10T 10T 10		10c, CIT	Y, TOWN	OR LOCATIO		<i>r</i> i110	9	10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 715 Maiden Choic	2 Harbor	view			IP CODE			1 ☐ YES 2			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3XX Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES				United S							American Indian, White, etc.
COMPLETED	15. OECEDENT'S EC (Specify only highest gra-	DUCATION de completed) College (1-4 or 5+	(Gh	CEDENT'S USUAL OCCUPATION We kind of work done during most of working On NOT use refund.) Chtrepreneur Beach Resort								
BE COM	17. FATHER'S NAME (First, Middle, Last) Heinrich		Hafne	r		T	и. мотн Каt	er's NAI	ME (First, Middle, Melden ina	Surname)	egenh	nart
TO B	190. INFORMANT'S NAME (Type/Print) Erwin Geresbeck		19b	MAILING 1236					Poute Number, City or Tow		Code) 2112	22
	20a. METHOD OF OISPOSITION 1X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cren Oakla	netory or o	ther piece)			/15/	1		ore, N	
	22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD									21122		
N	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. PICA FROM PARCAGAIA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AMAILABLE PRICOMPLETION COMPLETION COM									ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NNO	HOSPITAL:	ER/Outpatient 3 [DOA	OTHER 4 Num	₹:			ck only one) B Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY	28b. TIMI INJ	OF	28c. INJUR WORK 1 YES	Y AT		28d. DESCRIBE HOW II	JURY OCCI	URED	
	3 Suicide a Could not be determined	28e. PLACE Of building, of	INJURY — At hometc. (Specify)	ne, term, s	traet, fect	ory, affice			28t. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN	SICIAN: To the best of ex	my knowledge, deal	th occurre	d at the ti	ime, date en pinion, dest	d place, o	end due t	to the cause(s) end man	ner ee state	d. ceuse(s) an	d manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	- N				2	Dフ	40)	BER ~7		SIGNED (MO	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	boom m	1 7	11		ajd,	3 (-A .,	re lese			
	JAN 17 1992	32. REGISTRAF	S SIGNATURE	80								

12

DHMH-18 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF I	HEALTH AND N	MENTAL HYGIEN		26	- UL	189
	1. DECEDENT'S NAME (First, Middle, Lest) Samuel H. Glover					2. DATE OF DEATH DON'TH DO	AY	YEAR	3. TIME OF DI	
	4. SOCIAL SECURITY NUMBER 216-03-9352	1X M 2 □ F 75	YRS.	F UNDER t YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	01-14-19 7. DATE OF BIRTH (Month, Day, Year) 01-31-19		Country	4:30 PLACE (State of V) Pland	P. N
стов	99. FACILITY NAME (If not institution, give s 715 Maiden Choice RESIDENCE OF DECEDENT				nsville	ATH	9c. COUN Bal		eath ore Cou	nty
- DIRECTOR		imore Count		CONSVIL	le				10d. INSIDE CI LIMITS? 1 YES 2	
BY FUNERAL	100. STREET AND NUMBER 715 Maiden Choice 11. MARITAL STATUS	_			21228		U.S		HAT COUNTRY	7
	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF WWII	S 2 NO	It yes, sp	ENDENT OF HISPAN ecify Cuben, Mexicer 2 XNO Specify		or No—	14. RACE Black Specif Whi		idlen,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)	DN st of working	Chiefta				
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank M. Glover				18. MOTHER'S NAM Nell Be	AE (First, Middle, Meiden		CIAC		
2	190. INFORMANT'S NAME (Type/Print) Emma V. Glover		196. MAILING AI 715 Mai	den Cha	nd Number or Rural R	oute Number, City or Town	n, State, Zip (code) 2 tons	1228 ville,	Md.
	20e. METHOD OF DISPOSITION 1	tombment [ob. PLACE AND DATE OF emetery, crematory or othe bulaney Val	ley		1/17 Time	cation – c			
	OUA!	0	3	John (6415 I	D ADDRESS OF FAC C. Miller Belair Ro	, Inc.	more,	Mar	vland	21206
	23. PART i. Enter the diseases or or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. As Pa	eed the death. Do not eech line.	Avec	de of dying, such	se cerdiec or reepi	ratory arre	et,	Approxi	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART ii. Other algnificent condition	1	but not resulting in	the underiving	s cours alves in F	Part i. 24a, WAS AN			+	,
MEDICAL			The second of th		g couse given in P	PERFOR	MED?		WERE AUTOPSY AWAILABLE PRIO COMPLETION OF DF DEATH? 1 YES 2	F CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec					
ву РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	1 Inpatient 2 I ER/O	/ 28b. TIME C	F 28c. INJ WO	URY AT RK?	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCU	RED		
- 10	3 Suicide 8 Could not be determined	28e, PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, streecify)	et, tectory, office		281. LOCATION (Street e City or Town, Stetu)	nd Number o	r Rural Ro	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	CIAN: To the best of my knots: 3: On the basis of examinat	wiedge, death occurred a lon end/or investigation, i	nt the time, date n my opinion, d	end place, and due to	o the cause(e) end men ime, date and place, and	ner as atated	f. cause(e)	end menner ee	stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED			29c. LICENSE NUME	0/2	29d, DATE	SIGNED (Mogth, Day, Year	7)
	Dr. Scott Poulton				tonsville	e, Marylan	id 212	228		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the innerst director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical answers the notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

JAN 17 1992

32. EGISTRAR'S SIGNATURE
Juna Davidson-1

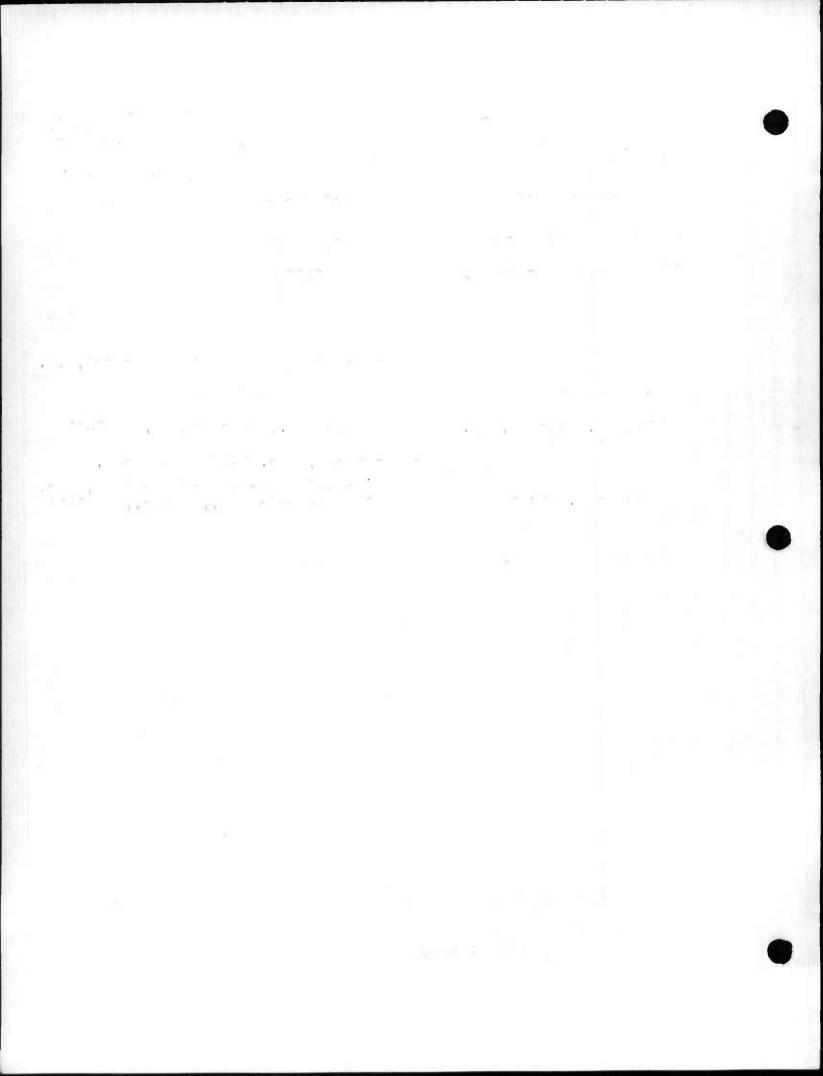
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

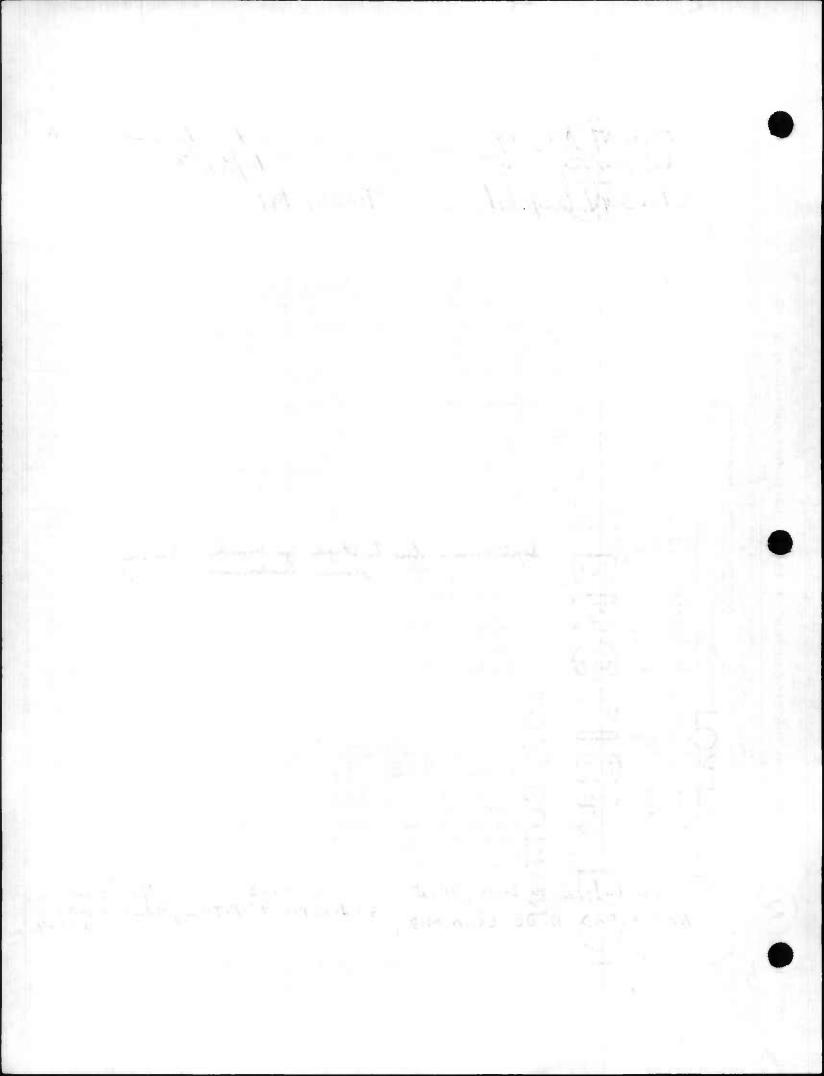
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	ARYLAND / DEPA CERTI	RTMENT O	F HEALTH AND DE DEATH	ND MENTAL H				
	1. DECEDENT'S NAME (First, Middle, La	st) Beatric				2. DATE OF D	EG. NO.	-92 YEAR	3. TIME OF DEATH CO	
	BEATRICE	BRENA	VAN GE		1	MONTH 1	DAY	YEAR	58 A 58	
	4. SOON SECURITY NUMBER 1	5. SEX	8. AGE (In yrs. last binhda	F UNDER 1 Y		48.4		6. BIRT	HPLACE (State or Foreign	
	8701806	1 - M 2 XX F	89 YAS.	MONTHS D		5/	18/02	Count	PA	
l ac	9a. FACILITY NAME (If not institution, git				WN OR LOCATION		9c. CO	UNTY OF D	DEATH	
Ę,	St Agnes Hos	pital		E	altimo	re				
DIRECTOR	10a. STATE 10b. COU		10c. C	TY, TOWN OR L	OCATION			10d. INSIDE CITY		
		altimore		E	altimo		1 TES 2 THO			
FUNERAL	10 STREET AND NUMBER				10f. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
NE	11 B Eastben		-		2120'			US	A	
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If ye	DECENDENT OF HI s, specify Cuban, M YES 2 XNO S	ISPANIC ORIGIN? (Sp exicen, Puerto Ricen, Specify:	ecify Yea or No— stc.)	14. RACI Blac Spec	E — American Indian, k, White, alc. #y: White	
8	15. OECEDENT'S E (Specify only highest gr		16a. DECEOENT	S USUAL OCCU	PATION g most of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	WIII.CO	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Ille. Do NOT	use retired.)						
MP	7th 17. FATHER'S NAME (First, Middle, Last)		Ноц	ise Mo					nool	
	John Brenna	n				s NAME (First, Middle, Mame Br				
BE	19a. INFORMANT'S NAME (Type/Print)	411	19b. MAIL IP	G ADDRESS (St		Rural Route Number, Cit	- 11-1	7 O . 4 . 1		
2	Willaim J. Ge		r. 903	Sedg	ley Rd.	, Caton	sville	, MI	21228	
	20a. METHOD OF DISPOSITION 1	amoval from Stata	20b. PLACE AND DAT cemetery, cremetory of INETTO	of DISPOSITIO Cother place) remat	ory. In	DATE 1-16	20c. LOCATION -	imol	mn, State	
	21. SIGNATURE OF FUNERAL SERVICE	CICENSEE	Mill	22. NAN	E AND ADDRESS O	F FACILITY	of Mo	20227	and, Inc.	
	George E.	MacNabb		299	Freder	socrety	OI Wa	гута	MD 21228	
	23. PART i. Enter the dieeaeea, o shock, or heart fellur	or complications that	ceused the deeth. Do	not enter the	mode of dying,	auch es cerdiec d	or reepiratory a	rreet,	Approximate	
	iMMEDIATE CAUSE (Final disease or condition reculting in death)	a.	LATEUR	D /	(& J MIN	ITTIS -			Intervei Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. Sequentially list conditions, for the sequence of the sequence									
CAL	PART II. Other aignificant conditi	ons contributing to	death but not reaulting	in the under	ying cause give		WAS AN AUTOPEY	√54b	WERE AUTOPSY FINDINGS	
MEDI							PERFORMED? YES 2		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH	(Check only one)				
14S	1 YES 2 NO	1 Inpetiant 2 I	ER/Outpatient 3 DOA	4 - Nursing		nca 8 - Other (Spec	_			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		IJURY	INJURY AT WORK?	300 0000	HOW INJURY O	CURED		
	3 Suicida 6 Could not b	28a. PLACE OF	INJURY — At home, farm.	streal, factory,	offica	26f. LOCATION City or Town	(Street and Numbern, State)	or or Rural F	loute Number,	
COMPLETED	29a. CERTIFIER (Check only	/SICIAN: To the best of r	ny knowledga, dasth occur	red at the time.	data and place, and	due to the causata)	and manner as at	at a d		
MO	one) 2 MEDICAL EXAMI	NER: On the basis of axi	amination and/or investigat	ion, in my opinic	n, death occured at	the time, data and p	lece, and dua to t	he cause(e) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIF		20		29c. LICENSE				(Month, Day-Year)	
TO B	Lade William his									
	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS	OF DEATH (TEM 27) (Typ	e, Print)			7	1	177	
	31. DATE FILED (Month Day Year)	32. REGISTRAF	'S SIGNATURE							
	JAN 17 1992	John David	on-Randell							



BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		AL HYGIENE REG. NO.		- 000
	1. DECEDENT'S NAME (First, Maria Land	lar jo MARJORY		HEMELT	2. DAT	E OF DEATH	3 92	- 10:25 1
	4. SOCIAL SECURITY NUMBER 300-44-086 90. FACILITY NAME (It not institution, give	1 - M 2 DF 8	3 YRS.	IF UNDER 1 YEAR IF UNDER 2 NONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATIO	MIN. 10	124/0	C C	Maryland
ECTOR	ST JOSEPH RESIDENCE OF DICEDENT	osprta/		Towson,	Ma			timore
DIR		Maltimore	10c. CITY,	TOWSON				10d. INSIDE CITY LIMITS? 1 YES 2 X NE
VERAL	8027 York Rd. Apt			101. ZIP CODE 212	04			ISA
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2)(XNO	13. WAS DECENDENT OF If yes, specify Cuben 1 — YES 2 X NO	, Maxican, Puart			RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of wo	SUAL OCCUPATION ork done during most of working retired.) Maker		ed kind of busi Hott		WY .
BE CON		F. Helmelt, Sr			Marjory	, Middle, Malden S / Mary M	lantz	
12	Regina A. Heme		8027	York Rd. Ap		Towso	n, Md.	21204
	20e. METHOD OF DISPOSITION 1 X Burlei 2 Gremation 3 Removel from State 4 Donetion 5 Other (Specify) Most Holy Redeemer Cem. 20b. PLACE AND DATE DISPOSITION (Name of cometary, crematory of other place) Most Holy Redeemer Cem. 20c. LOCATION — City or Town, State 1/17/92 Baltimore, Md							
	21. SIGNATURE OF FUNERAL SERVICE		8.	22. NAME AND ADDRES Mitchell 6500 Yor	S OF FACILITY -Wiede	feld Hom	ne, Inc	•
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Last Consequence of: Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
AL CER	PART II. Other significant condition	ons contributing to death be	ut not resulting in	n the underlying cause g	Iven in Part I.			24b. WERE AUTOPSY FIN
MEDIC						PERFORI 1 TYES 2		AMAILABLE PRIOR T COMPLETION DF CA OF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DI				
PHYSICIAN	1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	4 Nursing Home 6 Re DF 28c, INJURY AT WORK? M 1 YES 2	28d. [ther (Specify) DESCRIBE HDW IN	JURY OCCURE	ED
ETED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e, PLACE OF INJURY	At home, farm, st	treet, factory, office		OCATION (Street a lity or Town, State)	nd Number or R	tural Route Number,
P P	cond oray	YSICIAN: To the best of my knowl NER: On the basis of axamination						use(a) and manner aa sta
BE	296. SIGNATURE AND TITLE OF CERTIF	de lean	m.J.	01	9508		D 1/	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON OF A TIVIDAD	DI DE LEUN	1,101.11.	Prins T. JOSEP	H HOS	PITAL	, Ton	ISON, MD-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE, 000					



BALTIMORE, MARYLAND 21203-3146	runs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hit State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	TO BE COMPLETED BY ELINEDAL DIDENTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely midd in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	OF COMPLETED BY BUYERCIAN: MEDICAL CEDTIFICATION

	1 - STATE REGISTRAR	STATE OF M	MARYLAND (/ DEPAR	ICATE	OF H	EALTH ANDEATH	ID MEI	NTAL HYGI REG.			00300
	1. DECEDENT'S NAME (First, Middle, Last)	S		Ha	17	.pv	an		DATE OF DEATH		943	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-38-5864	5. SEX 1	6. AGE (In yrs. 95	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 H	IRS. 7.	DATE OF BIRTH	1896		LACE (State or Foreign
	9a. FACILITY NAME (If not inetitution, give s				9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO							АТН
DIRECTOR	Jenkins Memoria	1 N.H.			Baltimore							
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
6	Maryland			Ва	ltimo	re					- 4	LIMITS?
3AL	10e. STREET AND NUMBER					101.	ZIP CODE					HAT COUNTRY?
FUNERAL	103 W. 39th St.			71172			21210				S.A.	
ВУ	1. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S. YES 2% WAR OR DATES	ARMED ⊒€0	11	yes, spe		laxican, Pe	PRIGIN? (Specify uarto Rican, atc.			- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs		+)	Give kind of the Do NOT u	work done d se retired.)	CUPATIO luring mos	N at of working		16b. KIND OF	BUSINESS/IN	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Selby Spen	ice					18. MOTHER Kath		First, Middle, Me ne Har	^{iden Sumame)} tman		
TO B	19a. INFORMANT'S NAME (Type/Print)								Number, City or			
	Richard Hartman								imore,			
	1 Donation 5 Other (Specify)	oval from State	other	lon Pa			etery, cremator ery	y or		altimo		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		. 1.	22. N	NAME AN	D ADDRESS O	DF FACILITY	feld H	ome Tr	00	
	Robert M. Kra		t.W.	Knat		650	0 York	Rd.	21212			
	23. PART I. Enter tha diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	NGES	TIVE	J					eapiratory a	rest,	Approximate Interval Between Onset and Death HOURS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	OR AS A CON		PF):							3 YRS
ERTIF	that initiated events resulting in deeth) LAST	d.	(OR AS A CON	SEQUENCE C	PF):							·
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	ns contributing to	death but no	ot resulting	In the un	derlying	Cause give	en in Par	PEF	S AN AUTOPSY RFORMED? SS 2 XNO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEAT	H (Check	only one)			
YSI	1 TES 2 NO	1 Inpatient 2			-	ing Hom		_	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	Day, Year)		JURY M	1 🗆 1	RK? 'E\$ 2 N		d. DEŞCRIBE H	OW INJURY O	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE (building	of INJURY At atc. (Specify)	home, farm,	atreet, facto	ory, office		28	f. LOCATION (St City or Town, S		er or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINQ PHYS											and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Han	man)	1	10.		DO-			29d. DA	TE SIGNED	(Month, Day, Year) - 1992
5	30. NAME AND ADDRESS OF PERSON WI	ARTMA	ISE OF DEATH (ITEM 27) (Typ	e, Print)	V -4 D A				- Man		1. 21229
	31. DATE FILED (Month, Day, Year) AN 1 / 1992		AR'S SIGNATUR		3 // (-7107	116	4 . 67	DAL	TIUKE	170	1. CICE/

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDIAD BUYCLOIAN The last date that date and date to design the state of the
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UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ted within 24 mours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MoVith, Day, Year)

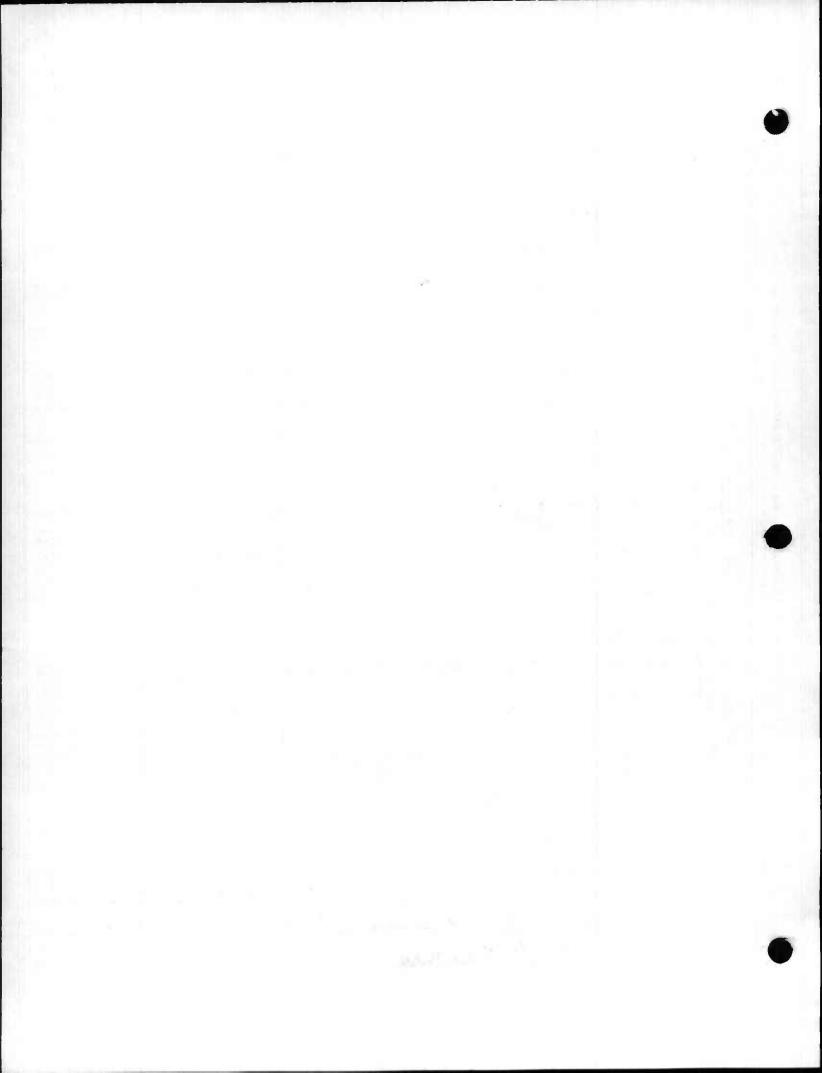
JAN 17 1992

32. REGISTRAR'S SIGNATURE

	rst, Middle, Last)	Calethi		nton					2. DATE OF DEAT MONTH	Н	992	3. TIME OF DEATH
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. I		IF UND	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH			HPLACE (State or Foreign
578-40-0700		1 🗆 M 2 💢 🌾	64	YRS.				-5781	(Month, Day, Vo. 5 – 23 –	1927		" N. C.
					9b. CI1	P - 1 +	imor		EATH	9c. CO	UNTY OF	DEATH
Liberty 1						Dail	THIOT	ਦ				
10e. STATE	10b. COUNT	TY				OR LOCAT	TION					10d. INSIDE CITY
Md 10e. STREET AND NUMBE	8			Ra	1171	more	710 000					1 YES 2 NO
3500 Cop	ley Ro	ad				101	2121			10g, Cl		WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specif	Yes or No-		E — American Indian,
1 Never Merried 2 3 Widowed 4 Di		FORCES? 1	YES 2 X	NO		If yes, spi	2 NO	n, Mexica	n, Puerto Rican, etc.)	Spec	ck, White, etc.
15. DE (Specify o Elementary/Secondary	1 (Give kind of v	ENT'S USUAL OCCUPATION and of work done during most of working NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
17. FATHER'S NAME (FIRST, Edward	Middle, Last) Long						18. моти	ier's nai	ME (First, Migdle, Me Griffin	iden Sumame)		
19a. INFORMANT'S NAME (Type/Print) Herman Hinton 19b. Mailing Address (Street and Number or Rural Route Nymber, City or Town, State Zip Code) 3500 Copley Road Baltimore, Md 21215												
20b. PLACE AND DATE OF DISPOSITION 1/1/Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete growth of page Park 11892 Randal Stown, State Randal Stown, Md										own, State Md		
21. SIGNATURE OF FUNER	AL CEMUCE L	-										
* Lly	nis	B. 1	catt			NAME AN March	r F/H Wab	Wes	t Avenue			
23. PARV I. Enter the shock, pl. IMMEDIATE CAUSE (F disease or condition resulting in death)	Musical diseasea, printere, part failure,	complications that List pnly pna cau	rolling	eath. Do na.		March 4300	N F/H Wab	Wes	Avenue as cardiac or re		rrest,	
IMMEDIATE CAUSE (F	diseasea, pr heart feilure.	complications that List only one cau a. Due to b. Due to c.	rolling	EOUENCE OF	not ante	March 4300	N F/H Wab	Wes	t Avenue		rrest,	Interval Between
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition, leading to immediate, Enter UNDERLY CAUSE (Disease or injusted in that initiated events	diseasea, pr heart failure. inai	complications that List Driy Dna cau a. Due To b. Due To c. Due To d.	OR AS A CONSE	EQUENCE OF	oot ante	March 4300 or the moo	N F/H Wab	Wesash ng, such	Avenue Avenue			Interval Betwee Onset and Da Da Da Da Da Da Da Da Da Da Da Da Da
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	diseasea, prinart failure.	a. DUE TO c. DUE TO d	OR AS A CONSE	EQUENCE OF	n the u	March 4300 or the moo	F/H Wab de of dyl	Wesash ng, such	Avenue Avenue	AN AUTOPSY FORMED?		Interval Betwee Onset and Da
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IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to limit seed or injusted in the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause or injusted in the cause or injusted in the cause of the	diseasea, prinart fallure, inal itiona, ediate ying lury ST	complications that List pnly pna cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	EQUENCE OF	OTHE U	nderlying 26. PLI R: rsing Home 28c. WJU 1 Y	G Cause g ACE OF DE ACE OF DE ACE OF DE ACE OF DE ACE OF DE ACE OF DE ACE OF DE	Wesash ng, such Cor liven in i	Avenue Avenue	AN AUTOPSY FORMED? S 2 NO	24b	Interval Betwee Onset and Da

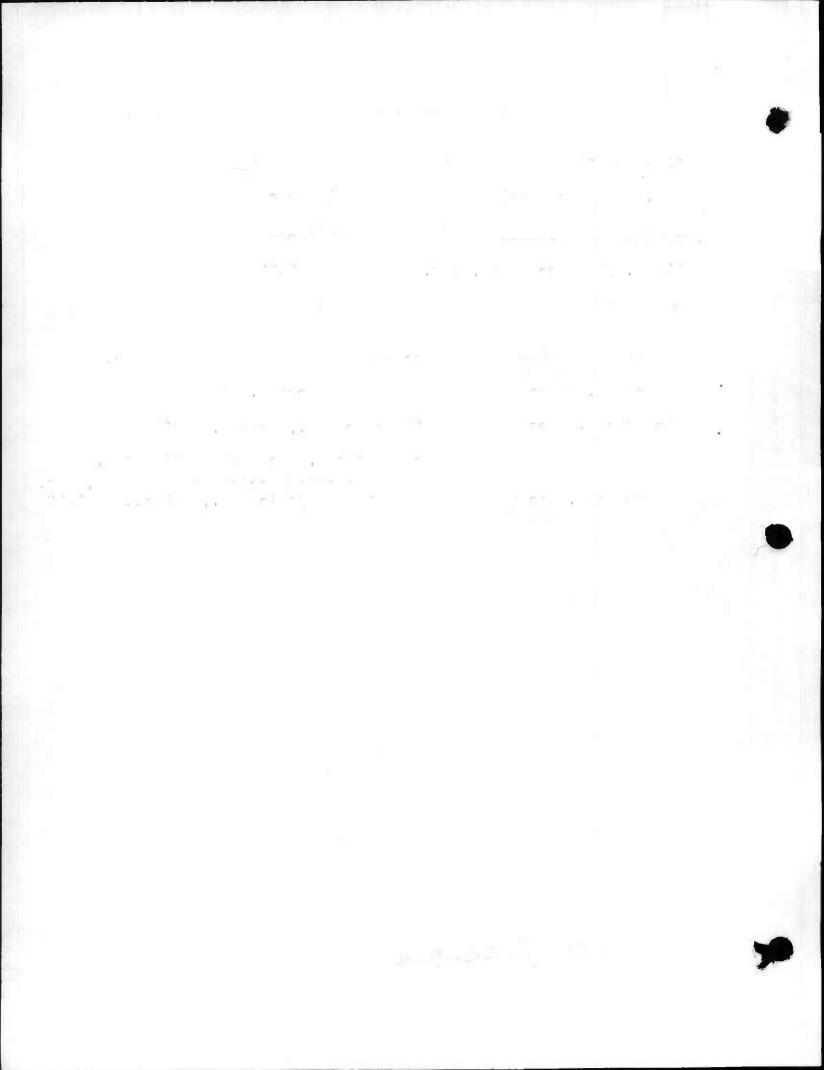
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	FOR 1 - STATE REGISTRAR				ERTIF	ICATE	T OF H	IEALTH DEA	AND TH	MENT	AL HYGIE	NE		0902
	1. DECEDENT'S NAME (First, MI	ddle, Last)	E HA		е на	as				2. DAT	TE OF DEATH		-92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-492		5. SEX 1 M 2 F	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	(Mo	TE OF BIRTH with, Day, Year) -05-1	909	8. BIRTH Countr	
	9a. FACILITY NAME (If not institu		treet and number)	0.2		9b. CITY	, TOWN (OR LOCATI	ON OF D		9c. COUNTY OF DEATH			ryland
TOR	St. Agnes	Hos	pital				Bal	tim	ore					
JEC.		b. COUNTY	'		10c. CIT	ry, town o	OR LOCAT	TION	-					10d. INSIDE CITY
0	Maryland						Bal	tim	ore					LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER	n Ro					101	. ZIP COD	€ 212	29		10g. CIT	USA	HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Mei 3 XWidowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 Z	AMED NO		It yea, sp	ENDENT (ecity Cube 2 X NO	n, Maxic	an, Puarte	GIN? (Specify) o Rican, etc.)	fes or No—	14. RACE Black Specifi	- American Indian, Whita, atc. by: White
TEC	15. DECEDE (Specify only hig	ghest grade	CATION completed)	18a. C	Give kind of the. Do NOT u	Work done	CCUPATIO	ON ost of working	ng	10	6b. KIND OF B	USINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th		1 yr	+)	Secr]	Publi	shin	g Cc	
	17. FATHER'S NAME (First, Middle OSCAT F.		sch								Kenne			
BE C	19a. INFORMANT'S NAME (Type/			1	19b. MAILING	ADDRESS	(Street a				mber, City or R		n Codel	
은	Michaele H	. Sr	ock								rn, M			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other (Spe	3 🗌 Ramo	oval trom Stata	20b. PLACI	rematory Co	of Dispos	ator	me of	Inc	1 .		ocation - Balt	,	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICENCE COMMENT OF MARYLAND, Inc. George E. MacNabb 299 Frederick Rd., Balto., MD 2122										ind, Inc.			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Approximate interval Between									Approximata interval Between Onset and Death				
PHYSICIAN: MEDICAL CI	PART II. Other algnificant of	conditions	contributing to	death but not	reaulting	in the un	derlying) cause (given in	Part i.		OR AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL	HOSBITAL					ACE OF D	EATH (Ch	eck only o	one)			
YSI	1 YES 2 NO		HOSPITAL:		3 DOA	OTHER		• 5 □ Ra	aldenca	8 🗆 Oth	ner (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pene	ding	28e. DATE OF (Month, Da		28b. TIM INJ	E OF URY M	28c. INJU	RK?	1.00	28d. DE	EŞCRIBE HOW	INJURY OC	CURED	
ED BY	3 Suicida 8 Coul	stigation id not be rmined	28e. PLACE Of building,	F INJURY — At h	oma, farm,			ES 2] NO	281. LO	CATION (Streety or Town, State	l and Number	or Rural Re	oute Number,
	20- OFFICIER							:						
COMPLETED	(Check only CERTIFY)	EXAMINER	IAN: To the best of	my knowladge, d	anth occurre	ed at the ti	me, date pi <i>n</i> ion, de	and place,	and due	to the ca	ause(a) and m ta and placa, s	enner aa atat and dua to th	ed. a cause(a)	and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF VINCENTO	G	RIPP	D P	10			29c, LICE	NSE NU	MBER				Month, Day, Year) - 9 2
	V. G. RIPF	>0	900 (CATOA	EM 27) (Type,	Print)	S	. AH	6	BAL	TIMO	RE	MD	
	31. DATE FILED (Month, Day, Year) — JAN 177		Julia Ja	PERSONATURE	malane							_		





BALTIMORE, MARYLAND 21215-0020

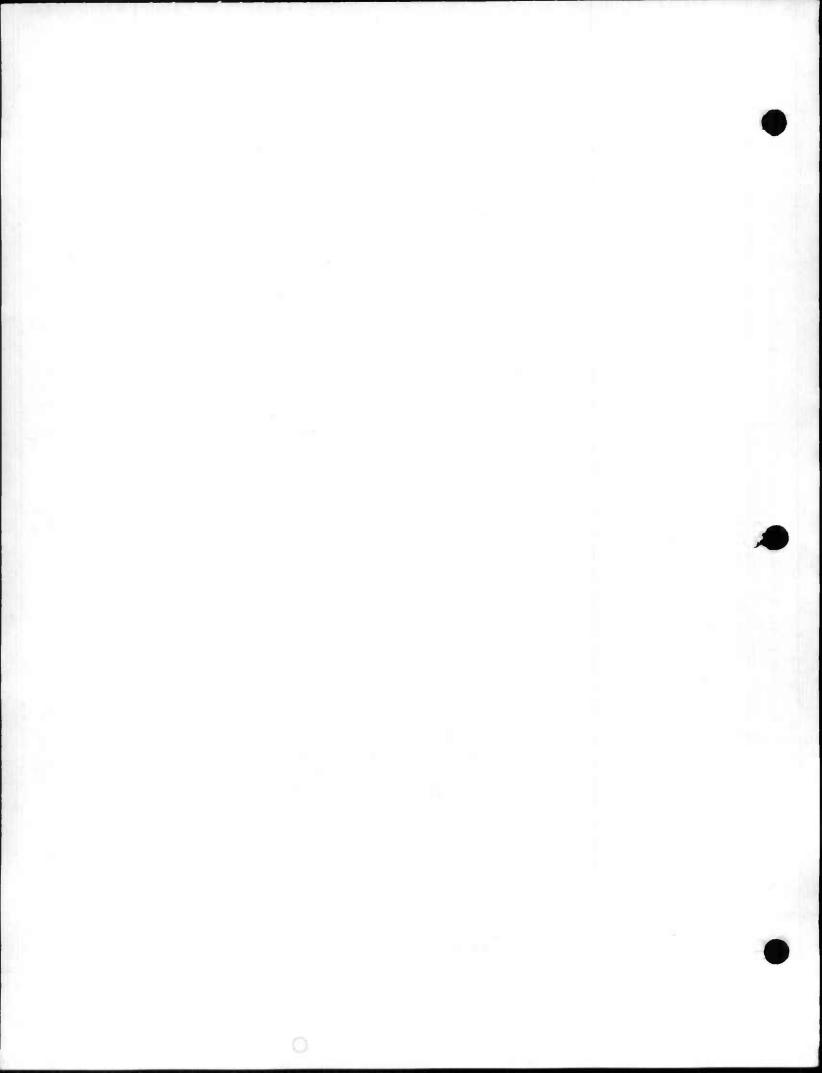
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CONTRACTOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it is after death. Page 6 may be retained by the hospital or attending physician.

IN THE MAN THE LINE CONTRACTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not a hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IN I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR 1. DECEDENT'S NAME (First, I	Adda (ant)			ERTIF	ICATE	OF C	DEA	ТН		REG. NO			0903	
			JEAN (CHRISTI	NA J	ACOBSO	N			2. DATE MONT	of OEATN	1992	YEAR	3. TIME OF OEATN	
	4. SOCIAL SECURITY NUMBE 213-38-9990		5. SEX	8. AGE (In yrs.)	last birthday) YRS.	MONTHS C		IF UNDER	R 24 HRS. MIN.	7 DATE	OF BIRTN	1939	8. BIRTN Countr	PLACE (State or Foreign	
SH.	9a. FACILITY NAME (If not inst 3803 Belair		reet and number)	-		96. CITY, TOWN OR LOCATION OF OEATN Baltimore City					9c. COUNTY OF DEATN				
2	RESIDENCE OF DECE				T 10. 00					-					
DIRECTOR	Maryland	100. COORT			10c. Cit	BAlt			ity					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3803 Belair	r Rd.					101. Z	ZIP CODI	21213	3		10g. CITI		YHAT COUNTRY? SA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 N 3 Widowed 4 X Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED SINO	lf y	res, specif	Ify Cube	OF NISPAN en, Mexice Specify	n. Puerto I	f? (Specify Ye Ricen, atc.)	ee or No—	14. RACE Black Speck	- American Indian, White, etc.	
COMPLETED	15. DECEI (Specify only I Elementary/Secondary (0-1 12 Years	DENT'S EDUC highest grade (CATION completed) Cotlege (1-4 or 5		(Give kind of a life, Do NOT us	USUAL OCCU work done duri se retired.)	JPATION ing most (of workin	ng	16b	KIND OF BU	OSDIT			
BE COM	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S N								Middle, Meider	n Sumeme)		lor			
2	190. INFORMANT'S NAME (Type Steven Jaco	pe/Print)						Number	r or Rural F	garet Christina Haller Route Number, City or Town, State, Zip Code) timeno Md 21212					
	Steven Jacobson 3803 Belair Rd. Baltimore, Md. 21213 20e. METNOD OF DISPOSITION 1 Burlel 2 Acremetion 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, or engaging of cather (Specify) 20c. LOCATION - City of Town, State 20c. LOCATION - City of Town, State 20c. METNOD OF DISPOSITION (Name of Cametery, or engaging of cather (Specify) 20d. PLACE AND DATE OF DISPOSITION (Name of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging of Cametery, or engaging or cametery, or engaging or														
	22. NAME AND ADDRESS OF FACILITY MITCHELL - Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE EXACERBATION OF COPD Due To (or as a consequence of): Sequentially list conditions. b. ATHEROSCIEROTIC CARDIOVASCULAR DISEASE														
CENTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. HTTCUSC CAUSE (DISEASE OF INJURY CAUSE (DISEASE OF INJURY CAUSE (DISEASE OF INJURY CAUSE OF INJ														
MEDICAL	PART II. Other significant	conditions	contributing to	deeth but not	t resulting	in the Unde	riying c	ause g	given in I	Part i.	24a. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
0 P	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	· · · · · · · · · · · · · · · · · · ·				26. PLAC	DE OF D	EATN (Che	ock only on	e)				
	28. PLACE OF DEATN (Check only one) EXAMINER? 1 YES 2 NO 1 Inputent 2 ER/Outpattent 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)														
						III 12% Natural 5 Pending 1 . A /1/3 ' as A1									
I FILISICIAN.	27. MANNER OF DEATN 1 Natural 5 Pe		28a, DATE OF	INJURY	28b. TIM	IE OF 28 JURY	c. INJURY	(7	NO	28d. DES	CRIBE NOW	INJURY OCC			
	27. MANNER OF DEATN 1 Natural 5 Pe 2 Accident Im 3 Suicide 8 Co	ending	28a. DATE OF (Month, D. N. D. T. C. 28a. PLACE O	INJURY	28b. TIM INJ	IE OF 28 JURY M 1	G. INJURY WORKS	(7	NO	28t. LOC	ATION (Street or Town, State	end Number	or Rural R	oute Number,	
	27. MANNER OF DEATN 1 Netural 5 Pe 2 Accident Im 3 Suicide 8 Cc 4 Homicide de 29e. CERTIFIER (Check only)	ending westigation ould not be stermined	28a. DATE OF (Month, D. NOT) 28a. PLACE O building,	FINJURY FINJURY AT etc. (Specify) my knowledge, of	28b. TIM INJ home, ferm, s	M 1 street, factory,	Bc. INJURY WORK! 1 YES	S 2	, end due	28t. LOC. City of	ATION (Street or Town, State se(e) end ma	end Number)	ed.	oute Number,	
בר ממווון ברורם מו	27. MANNER OF DEATN 1 Netural 5 Pe 2 Accident 3 Subcide 8 Cc 4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE O	ending westigation outd not be stermined	28a. DATE OF (Month, D. NOT 28e. PLACE O building,	INJURY Asy, year Asy, year Asy, year Asy, year FINJURY — Art etc. (Specify) my knowledge, o xamination end/o	28b. TIM INJ home, farm, a death occurre or investigatio	E OF 28 JURY M 1 street, tactory, ed at the time on, in my opin	Bc. INJURY WORK! 1 YES , office , date end	s 2	, end due	28t. LOC. City of	ATION (Street or Town, State se(e) end ma	end Number) inner as atate ind due to the	ed. e ceuse(e)		
	27. MANNER OF DEATN 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide de 29e. CERTIFIER (Check only onle) 2 MEDICA	ending westigation ould not be stermined FYING PNYSIC AL EXAMINER OF CERTIFIER PERSON WHO	28a. DATE OF (Month, D. NOT. 28e. PLACE O building, CIAN: To the best of R: On the best of e)	INJURY Asy, year Asy, year Asy, year Asy, year FINJURY — Art etc. (Specify) my knowledge, o xamination end/o	28b. TIM INJ home, farm, a death occurre or investigatio	Street, tactory, ed at the time on, in my opin	BC. INJURN WORK! 1 YES , office , date encilon, death	nd place, the occurrence LICE	, end due red at the	28t. LOC. City of	ATION (Street or Yown, State se(e) end ma and plece, end	end Number inner as atate and due to the	ed. e ceuse(e)	end manner ee stated	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Fage 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, br removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last)

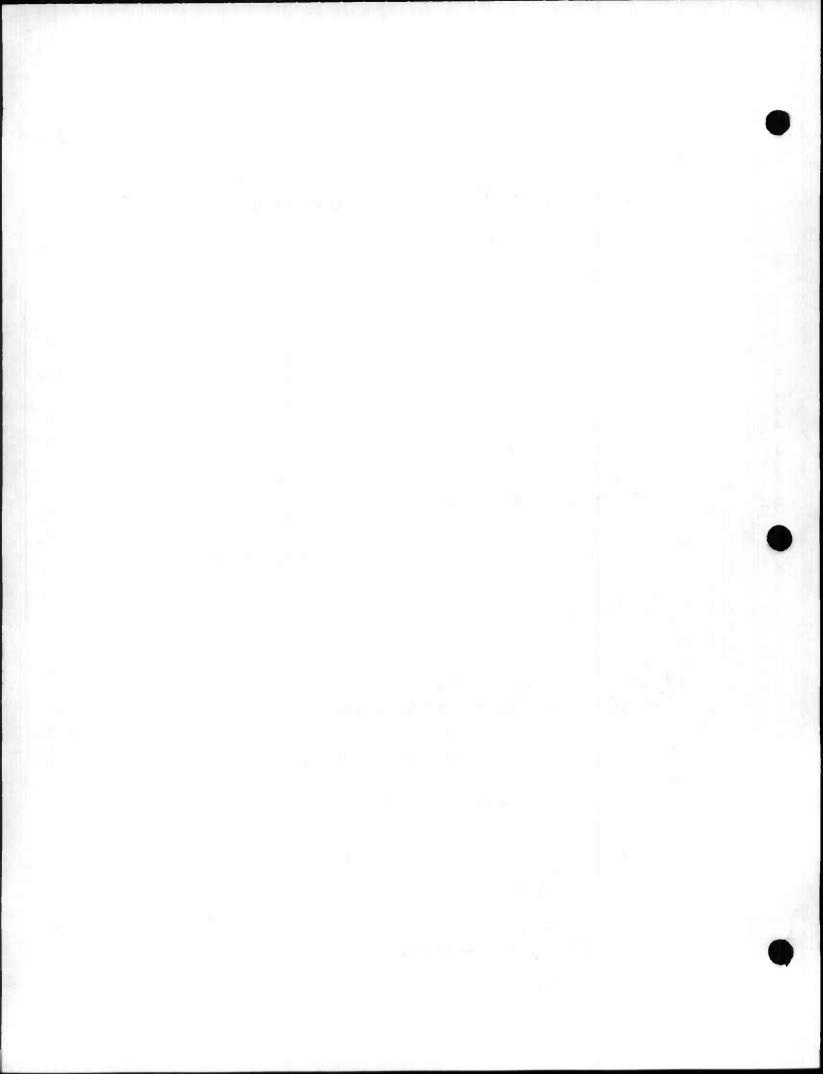
	UIVIAN	MIVIAN	MA JACOB	5	MONTH UCLI	bw 11,	YEAR DESTRUE OF DEATH				
	4. SOCIAL SECURITY HUMBER 216-20-9769	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HI	(4.4	/	D. BIRTHPLACE (State or Foreign Country) [ARYLAND]				
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give	street and number) Rd.	96	PASA d	OF DEATH /		Y OF DEATH				
REC	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. IHSIDE CITY				
IQ -		IE ARUNDEL	1	PASADENA			1 YES 2XXNO				
RAI	100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
JNE	8477 KENTO	N ROAD	IN II C ADMEN	211			U.S.A.				
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	DATES KOREA	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 XO S	ba or No- 1	4. RACE — American Indian, Black, White, alc. Specify: WHITE					
TED	15. DECEDENT'S EDU (Specify only highest grade	CATIOH o completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIOH done during most of working	16b. KIND OF B	USIHESS/IHDU:	STRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	tired.)							
OMI	12 th 2 INURSE HEALTH 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S HAME (First, Middle, Melden Surname)										
BE C		CHARLES	POWLEY	IS. MOTHER S	THELMA		NBERGER				
TO B	19a. IHFORMANT'S HAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or R	ural Route Number, City or To	wn, State, Zip C	ode)				
-	MR. ALBERT MAT	THEWS, 334	7 COX RO	AD, KINGSLA	AND, GEORG	SIA 3	1548				
	20a. METHOD OF DISPOSITIOH 1 Burlal 2 Cremation 3 Ramoval from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State										
	TODEN HAVEN MEMORIAL PARK, GLEN BURNIE, MARYLA										
	MC CULLY FUNERAL HOME OF PASAI										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory errest, Approximate										
	ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A COMSCOUENCE OF): Apprinter Onse										
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL	PART II. Other significant condition	to contributing to death to	en Dis	e underlying cause given	In Part I. 24a. WAS A PERFO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH	(Check only one)						
IXS	1 YES 2 NO 27. MANNER OF DEATH	1 - Inpetient 2 - ER/Out	patient 3 DOA 4 D	Nursing Home 5 Besiden	ce 6 C Other (Specify)						
BY PF	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 HO	28d. DESCRIBE HOW	INJURY OCCUP	RED				
	3 Suicide 8 Could not be determined	28e. PLACE DF INJURY building, atc. (Spec	f — At home, farm, atreet, cify)	factory, office	281. LOCATIOH (Street City or Town, State	and Number or	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAH: To the best of my know R: On the basis of axaminatio	riedge, death occurred at	the lime, date and place, and my opinion, death occured at	dua to the cause(s) and ma the time, data and place, a	nner es stated,	euse(s) and manner as stated.				
BE	296, SIGNATURE AND TITLE OF CERTIFIED 296, BIGNATURE AND TITLE OF CERTIFIED 296, DATE SIGNED (Mod										
0											

31. REGISTRAR'S SIGNATURE 1992



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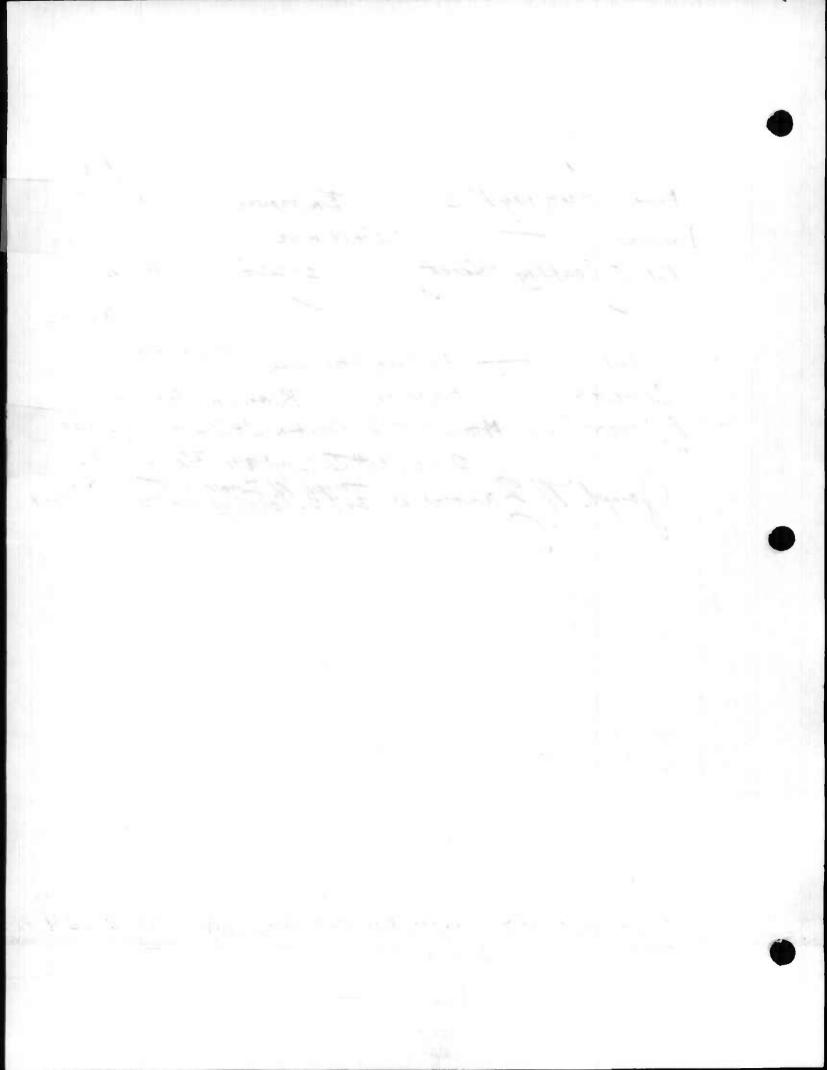
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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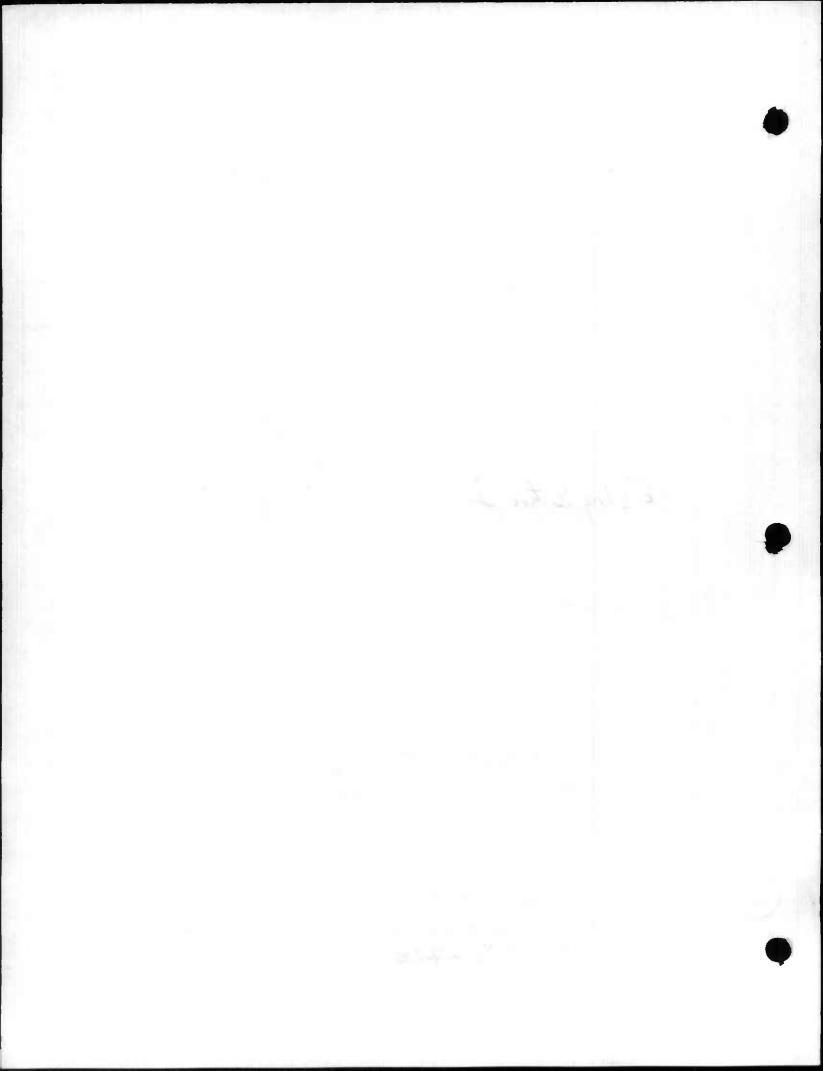
COMPLETE	0001	ER: On the bests of examination and/o			,re, were arm proce, a						
	3 Sulcide 8 Could not be determined 28. Could not be deter										
D BY PHY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	Natural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO NO No No No No No									
HYSICIAN	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1) Inpetiant 2 ER/Outpetient	3 DOA 4 Nursin	28. PLACE OF DEATH (Cl	8 Other (Specify)	MI BIDD AGAIN					
: MEDICAL	PART II. Other eignificent condition	ne contributing to death but not			PERFO	RMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
NC	disease or condition reaulting in deeth) Sequentially list conditions,	DUE TO (OR AS A CONS	CILE (COLITI	CS.		48H				
	shock, or heart failure. iMMEDIATE CAUSE (Final	complications that coused the coused the couse on each line	deeth. Do not enter th	e mode of dying, suc	ch ea ceidlec or ree	piratory arrest,	Approxim Interval E Onset an				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 23. PARTY. Enter the diseases, or complications that ceused the deeth, bo not enter the mode of dying, such as cerdisc or respiratory arrest, Approximation A										
	20s. METHOD OF DISPOSITION 1 Burlei 2 Gremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other place) Centery Total Competary, crematory or other places Centery Total Competary, crematory or other places Centery Total Competary, crematory or other places Centery Total Competary, crematory or other places Centery Total Competary, crematory or other places Centery										
TO B	19a, INESPINANT'S NAME (Type/Print)	Herine Mitten	196. MAILING ADDRESS (S	Prester	Route Nymber, City or To	vn, State, Zip Code	A 2/228				
E COMPL	17. FATHER'S, NAME (First, Middle, Last)	K	Exuch	18. MOTHER'S NA	AME (First, Middle, Maider	Surrame) HAL					
Ш	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work done during Do NOT use retired.)	tee working	sel sel	_	obyes				
ED BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	FORCES? 1 YES 2 F	NO If y	es, specify Cubsor Maxico YES 2 TO Specif	nn, Puerto Rican, etc.) /y:	8	pecify: Wki Y				
FUNERA		King Street	ARMED 13. WA	212 S DECENDENT OF HISPA	Z-4 NIC ORIGIN? (Specify Ye	M or No 14. B	S.A.				
AL DIRE	10a. STATE 10b. COUNT		10c. CITY, TOWN OR	LOCATION / Y/MORE 101. ZIP CODE		10a CITIZEN C	10d. INSIDE CIT- LIMITS? 1 YES 2 DE WHAT COUNTRY?				
CTOR	Francis Scott Rey M.C. Baltimore Baltimore										
	318-01-2/6/ 9e. FACILITY NAME (If not institution, give	1 M 2 F 88	YRS.	DWN OR LOCATION OF D	10-1-1	9c. COUNTY O	F DEATH				
	4. SOCIAL SECURITY NUMBER		ast birthday) IF UNDER 1 1		7. DATE OF BIRTH	8. Bi	RTHPLACE (State of Fe				



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit is State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury. or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR GREGORY J	STATE OF I	MARYLAND UROUPI	/ DEPAR	RTMENT	OF HE	ALTH	AND	MENT		GIEN	E E		00906
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF D	EATN			3. TIME OF DEATH
	GREGORY	Л		KOII	ROUPTS	2			МО	NTH 1	14	19	YEAR	11.22 pM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		IF UNDER	24 HRS.	7. DA	TE OF BI	RTN		S. SIRT	HPLACE (State or Foreign
	218-25-6595	XX M 2 D F	2	YRS.	MONTHS E	DAYS	HOURE	MIN.	DCT	onth, Day,	198	0	Count	YLAND
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, T	OWN OR	LOCATI	ON OF D		• / ;	170		NTY OF D	
E E	THE TOUNG HOPET	MA MAAD										30.000		ZZAITI
18	THE JOHNS HOPKT	MS_HOSP	LTAL		L BAL	ETMO	RE	CITY					art o sub-	-1-
DIRECTOR	10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON							10d. INSIDE CITY
	MARYLAND HOWA	RD			ELLIC	TT	CIT	Y						LIMITS?
AL	10e. STREET AND NUMBER					10f. 2	IP CODE	E				10g. CIT	ZEN OF	WHAT COUNTRY?
Ē	2963 PEBBLE BEACH	DRIVE				2	104	2				U	.S.A	
FUNERAL		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WA	S DECEN	DENT O	F NISPAI	NIC OBK	GIN? (Spi	cify Yes			E — Americen Indian, k, White, etc.
BY F	1 X Xever Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 X	Mo	If y	YES 2	Ify Cube	n, Mexico Specif	en, Puerl fv:	lo Rican,	atc.)		Spec	k, White, etc.
	0.000								,.			- 1	W	HITE
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16e. I	DECEDENT'S	USUAL OCCU work done duri se retired.)	JPATION	of workin	30	1	6b. KIND	OF BUS	SINESS/IND	USTRY	
L	Elementery/Secondery (0-12)	College (1-4 or 5	+)	ife. Do NOT u	se retired.)									
₹ E														
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	NER'S NA	ME (Firs	t, Middle,	Maiden	Surneme)		
BE	JAMES B. KOUROUPI	S					LY	NDA	LE	WINS	KI			
0	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (S									
-	JAMES B. KOUROUPI	S (FATH)	ER)	2963	PEBBLE	E BE	ACH	DRI	VE,	ELLI	COT	T CI	TY.	MD. 21042
	20e. METHOD OF DISPOSITION	mt from State	20b. PLAC	EANDDATE	OF DISPOSITION	ON (Name	10		D	ATE	20c. LO	CATION -	City or To	own, Siate
	4 Donation 5 Other (Specify)	a. Holli State	ST.	JOHN	5°CEME	TER	Y	1/1	7/92	2	ELL!	COTI	CI	IY, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22. NA	ME AND	ADDRES	SS OF FA	CILITY					
	W/ / sain /)	+/	1											NERAL HOMES
	23. PART I. Enter the dieresee, or co	molications the	naunad the	death Dea	333	00 1	WIN	KNO	LLS	ROA	D,C	OLUMI	BLA,	MD.21045
	ehock, or heart feliure. Li	at only one pau	me on eech iii	ne.	iot enter th	e mode	or dyi	ng, suc	h es ci	ardiac o	r respi	retory arr	eet,	Approximete interval Between
	iMMEDIATE CAUSE (Fine) disease or condition	2	2/22											Onset and Death
	resulting in death)	e.	h812											134 hours
			(OR AS A CONS		F):									111
NO	Sequentielly liet conditions, b.		icenu											A morum
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DUE 10	(OR AS A CONS	EOUENCE O	F):									
2	CAUSE (Diseese or Injury C.													
	that initiated events resulting in deeth) LAST	DOE 10	(OR AS A CONS	EOUENCE O	F):									
英	d.													
	PART ii. Other significant conditions	contributing to	death but not	resulting	in the unde	rivina c	euse o	iven in	Part I.	240	MAS AN	ALITOPSY	245	. WERE AUTOPSY FINDINGS
2	Drewmocusti	- 40			10 With					1	PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	Drumothorac		nun				011	4.4	_	1 0	YES 2	NO		OF DEATN?
2	renal, insi			AO I VU	ealas	TI	107			1				1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL	CHICIE	nay											
Ö	EXAMINER?	HOSPITAL:			OTHER:	28. PLAC	E OF DE	EATN (Ch	eck only	one)				
₹	1 VES 2 NO 27. MANNER OF DEATN	28a. DATE OF			4 Nursing		-	sidence						
	1 Natural 5 Pending	(Month, Di		28b. TIM INJ	URY	c. INJUR	?		28d. O	EŞCRIBE	NOW IN	IJURY OCC	URED	
B	2 Accident Investigation					YES	3 2	NO						
	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — AI I atc. (Specify)	nome, ferm, a	itreet, factory,	office			28f, LC	CATION by or Town	(Street e.	nd Number	or Rural F	loute Number,
E	a lating ()													
COMPLETED	29e. CERTIFIER (Check only	AN: To the best of	my knowledge, o	death occum	d at the time.	, dete an	d place,	end dua	to the c	ause(s)	nd men	ner as state	d.	
O	one) 2 MEDICAL EXAMINER:	On the basis of ex	camination end/o	r Investigatio	n, in my opini	lon, dest	h occur	ed at the	Ilme, de	its end p	ace, end	due to the	e ceuse(s) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM		-				
BE	Debomh Schi	wenge	2. M	S		1:	7	201	60	6		ATU. DATE	IN	(Month, Day, Year)
임	30, NAME AND ADDRESS OF PERSON WHO		E OF OFATH AT	EM 27) /7/20	Print)		<u></u>	011	07			-	117	70
		TWEN!		-10H		100	KIN	15.	the	DIT	41	BA	LTI	MARE
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	-00	10-1	,01	1-011	ا سی	- /00	1 11/	16	,	/ 1 1	
	JAN 17 1992			al Crisic										
	A411 T 1225	Juna Da	vidron R	mark 60						- : -				



BALTIMORE, MARYLAND 21215-0020

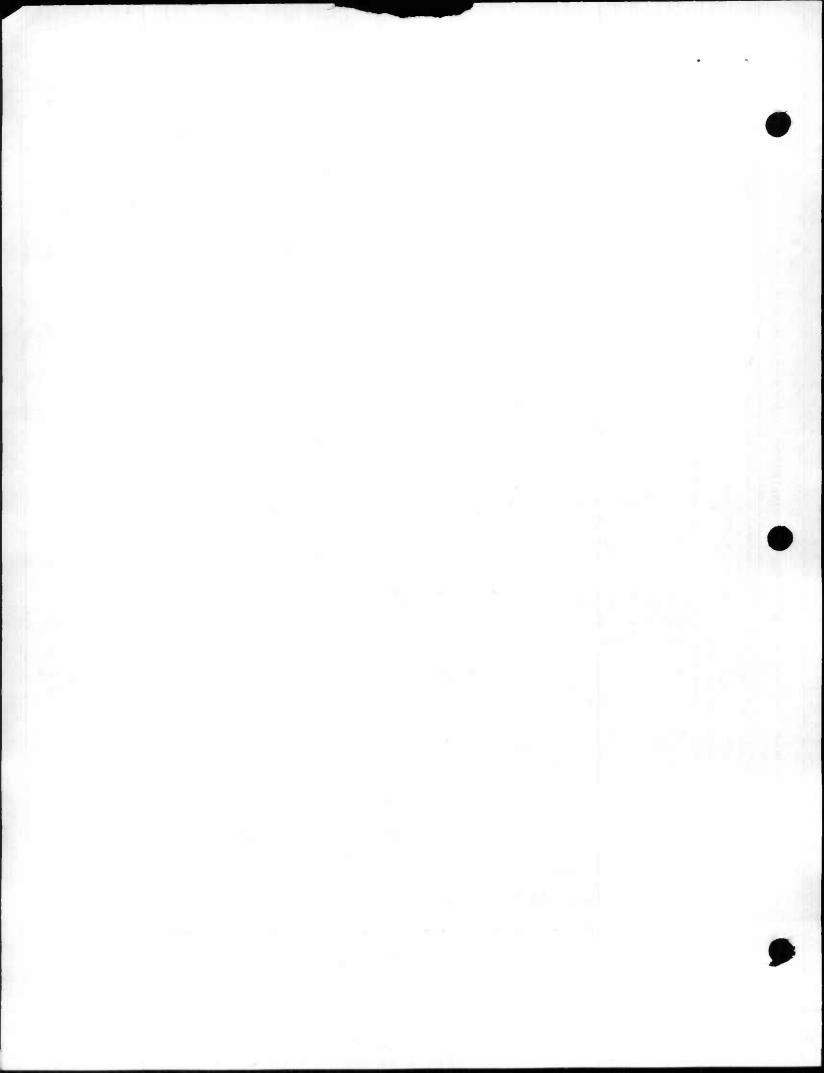
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending obsistion	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL (THE FUNERAL D	MPORTANT: IF IS

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIFI			<u> </u>		REG. N 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Jul: 4. SOCIAL SECURITY NUMBER	LA KAHLER					_		January		1992	3:45P
	219-07-8758	1 M 2 F	6. AGE (In yrs. 1		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-16-	16	Country)	LACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give s Franklin Square RESIDENCE OF DECEDENT	Hospital			9b. CITY	ROS	SV11	ION OF D		9c. COU	timo	re County
DIRECTOR	MD 10b. COUNTY B	altimore		10c. CITY		or locat Rose						IOd. INSIDE CITY LIMITS?
FUNERAL	106. STREET AND NUMBER 8131 Woodhave:	n Rd.				10f	21 21	€ 237		10g. CITI		IAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 27	RMED NO		If yes, spe	ENDENT Cuba	m, Maxica	NIC ORIGIN? (Specify V an, Puerlo Rican, atc.) fy:	ee or No	14. RACE - Black, Specify	American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementapy/Secondary (0-12)	CATION completed) College (1-4 or 5+)	1	PECEDENT'S L Give kind of wo fe. Do NOT use HOMEN	ork done retired.)	during mo:	ON st of workin	ng	16b. KIND OF B	USINESS/IND	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Anthony Zielan	icki					18. мот	HER'S NA	Me (First, Middle, Melde Markowicz	n Surname)		
2	19a. INFORMANT'S NAME (Type/Print) Patrick McFaul	Sr.	1	96. MAILING	ADDRESS	Marg	lenn	or Aural Ave	Route Number City or To	wn State, Zio	21206	
	20s. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remote Constitution 2 Other (Specify)	oval from State	20b. PLACE	AND DATE OF	F DISPOS	of of	me of Jesus	s l	-18-92 B	ocation — caltimo	Ore,	n, Stata
	21. SIGNATURE OP FUNERAL SERVICE LIG	ENSEE KILL	1				h/Ros	seda	ile Funera	1 Home	2	
	23. PART i. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sepsis	on each lines of un	e. known	eti			ing, suc	th as cardiac Dr res	piratory erro	est,	Approximate interval Betwee Onset and Daa
NOUNCE	Sequentielly list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		UPPET OR AS A CONSE			testi	nal	ble	ed			
2	PART II. Other aignificent conditions		eath but eat									
THISICIAN. MEDICAL	Multipl lung ca	e chronic	illne	sses 1	incl	udir	ig	given in		RMED?	A/ C O	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIOIS	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient		OTHER I - Num	₹:			eck only one) 8 Other (Specify)			
	27. MANNER OF DEATH 1/b. Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJUI	OF	28c. INJU WOR	JRY AT		28d. DESCRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At h	ome, tarm, str	eel, facto	ory, offica			28f. LOCATION (Street City or Town, State	and Number (or Rural Rou	to Number

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

9000 Franklin Square Drive



Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21215-0020

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law requires that the death certificate be executed within 24 hours after settle Proce 6 may be retained by the hos	is been signed by the attending physician and completely filled in by the transmidthetic, page 5 should be detached	
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other traumatic event.

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FUNERAL WIthin 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1

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L DIRECTOR: After this cer hours after death with the litem 28 is marked, o

HOSPITAL OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE ·1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jan. 15, 1992 YEAR Edward J. Kordula 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BURTH
(Month, Day, Year)
March 3,1923 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-18-6365 1XXM 2 | F DAYS 68 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3925 Dudley Ave. 21213 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WWII 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. | 14. RACE — American Indian, If year amerify Cuthan, Marican, Puerto Rican, atc.) 1 Never Merried 2 Married 1 TES XX NO Specify: BY 3 X Widowed 4 Divorced Specify: White BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) NA NA Real Estate B. G. & E. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Kordula Mary Turek 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward J. Kordula Jr. (Scn) 1506 Customs Road, Baltimore, Md. 21237 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State XXBurial 2 Cremation 3 B Holy KEdeemerCemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. ruen 3331 Brehms Lane, Baltimore, Md. 21213 23, PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heert feilure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Cardeo Rubmona resulting in death) DUE TO (OR AS & CONSEQUENCE OF): coronary antery CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY winter listens 1 TYES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) and manner ee stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)



31. DATE FILED (Month, Day, Year)

Xater un

Dr. Paul Gertler, 3900 N. Charles St., Suite 104, Balto., Md. 21218

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1/16/92

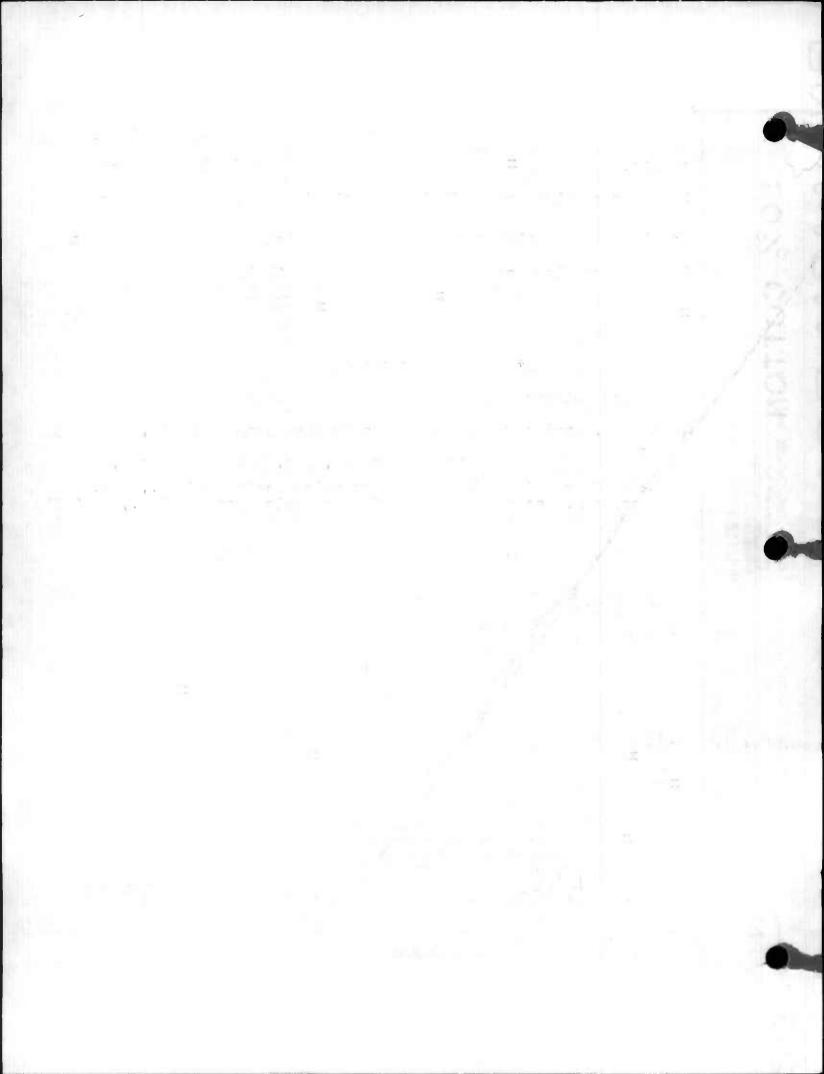
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be stack within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	00909	
1. DECEDENT'S NAME (First, Middle	Edith Li	twack Le	ee	2. DATE OF DEATH DAY 01 13	3. TIME OF DEATH 92 4:50 PM	
4. SOCIAL SECURITY NUMBER 275-10-7699			UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 08/04/17	s. BIRTHPLACE (State or Foreign Country) Georgia	
9a. FACILITY NAME (If not institution	n, give street and number)	96	CITY, TOWN OR LOCATION OF D	EATH 9c. C	OUNTY OF DEATH	
13803 Manor		21013	Baldwin		Baltimore	
13803 Manor RESIDENCE OF DECEDE 10a. STATE 10b. Maryland 10b. STREET AND NUMBER 13803 Manor 11. Marital STATUS	COUNTY Baltimor		OWN OR LOCATION	ldwin	10d. INSIDE CITY LIMITS? 1 YES 2 K NO	
10e. STREET AND NUMBER	+		101. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?	
13803 Manor	Glen Road 12. WAS DECEDENT EVER	IN II C ADMED		1013 NIC ORIGIN? (Specify Yea or No-	USA 14. RACE — American Indian,	
3 Widowed 4 Divorced	FORCECO 4 VEC	2 X NO	If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	Black, White, etc. Specify: White	
(Specify only high	t's EDUCATION est grade completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS	/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker	Home		
17. FATHER'S NAME (First, Middle,			100 - 11 - 11	AME (First, Middle, Malden Sumam	90)	
Charles	<u>Litwack</u>	19b. MAILINO AD	DRESS (Street and Number or Rural	nna Mesh Route Number, City or Town, State	. Zip Code)	
Linda L.		The second second	Manor Glen		in. MD 21013	
20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3	☐ Removal from State	ON PLACE AND DATE OF	DISPOSITION (Name	DATE 20c LOCATION	— City or Town, Stata	
4 Donation 5 Other (Spec		etro Crei	natory, Inc.	ACILITY	imore, MD	
Seon	E. MacNabb		Cremation S	ociety of M	d., Inc. 1to., MD 21228	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	wron Di			
	d	but not resulting in	the underlying cause given in	Part i. 24s. WAS AN AUTOR	PSY 24b, WERE AUTOPSY FINDINGS	
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH				PERFORMED?	AMAILABLE PRIOR TO	
25. WAS CASE REFERRED TO ME EXAMINER?			28. PLACE OF DEATH (C	check only one)		
1 TES 2 TNO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA 4	THER: Nursing Home 5 K Rasidence			
	28a. DATE OF INJUR (Month, Day, Year Ing		28c, INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	/ INJURY OCCURED	
. 🗆	28e. PLACE OF INJU	RY — At home, farm, stre	et, factory, office	28t, LOCATION (Street and Nur City or Town, State)	ot and Number or Rural Route Number, te)	
(Critical brilly	IG PHYSICIAN: To the best of my kn				stated. to the cause(a) and manner as stated,	
296. SIGNATURE AND TITLE OF	Molor		29c. LICENSE N	UMBER 29d. ▶	01/14/92	
30. NAME AND ADDRESS OF PER 31. DATE FILED (Month, Day, Year)	ISON WHO COMPLETED CAUSE OF	2/1 MA	1000 cotor	is la C	FINSULA, MO 212	
JAN 17	1992 Julia Jain	lson-Randelle		F	·	



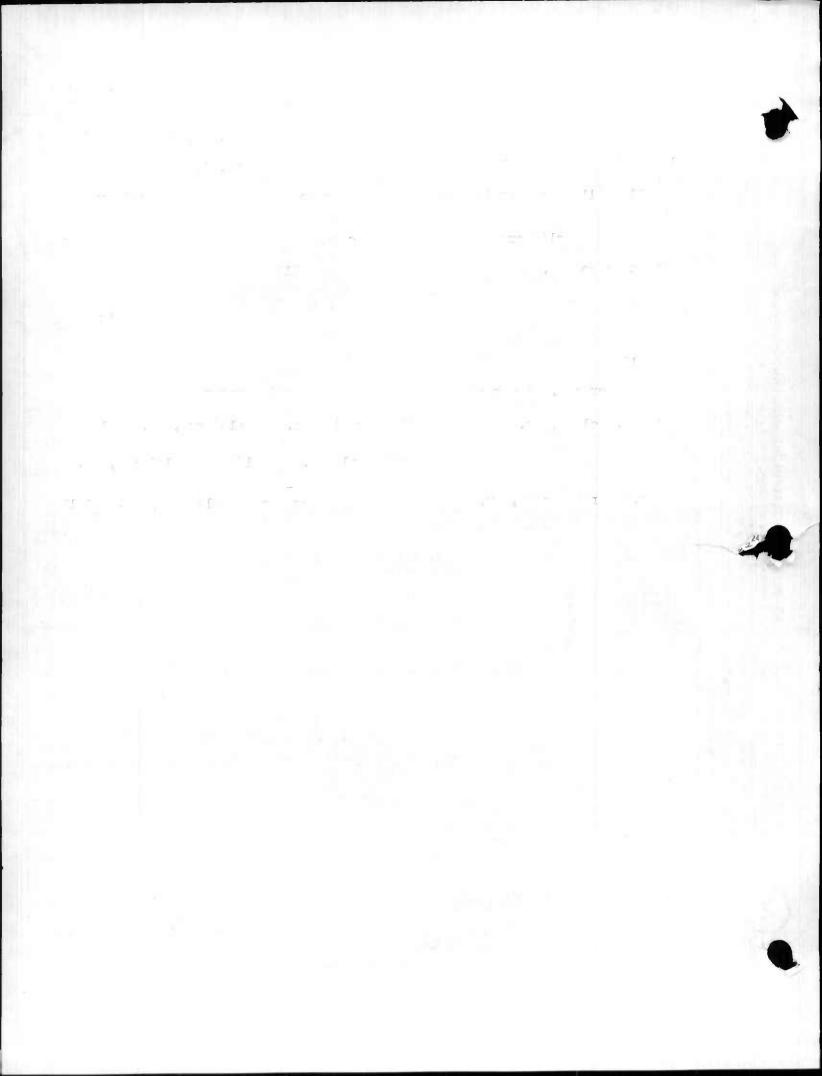
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	2AL DIRECTOR: After this certificate has been signed by the attending physician and complete. filled in by the
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er death. Page 6 may be retained by the hospital or attending physician. he tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR The field within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremition, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

92 00910 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 Never Married 2 Married 1 Never Married 2 Married 1 FORCES? 1 If YES, GIVE W 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) George F. Zimmerm: 19a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 20a. METHOD OF DISPOSITION Last Duriel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE LICENSEE //	93 YRS 93 YRS ng Home 10c.	S. MONTHE DAYS 9b. CITY, TOWN OF LOCAT TOWS (101 13. WAS DEC. If yea, ap 1 YES T'S USUAL OCCUPATION of Work done during more to the second of the s	ZIP CODE 21204 ENDENT OF HISPANI Bothy Cuben, Mexican 2 No Specify: ON st of working	C ORIGIN? (Specify Ye Puarto Rican, atc.)	9e. COUNTY C Balt 10g. CITIZEN C U a or No- 14. E S	3:15 P IRTHPLACE (State or Foreign ourity) MD OF DEATH IMOTE 10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? S A RACE — American Indian, Black, White, atc.
9a. FACILITY NAME (If not institution, give street and number) Holly Hill Manor Nursi: Holly Hill Manor Nursi: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Baltimore 10c. STREET AND NUMBER 531 Stevenson Lin. 11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+ 17. FATHER'S NAME (First, Middle, Lest) George F. Zimmerm: 19a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 20a. METHOD OF DISPOSITION Consultation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (1)	93 YRS ng Home 10c. 1	S. MONTHE DAYS 9b. CITY, TOWN OF LOCAT TOWS (101 13. WAS DEC. If yea, ap 1 Yes T'S USUAL OCCUPATION of Work done during more to the second of the se	DR LOCATION OF DEAD OWN ON SPECIFY: 18. MOTHER'S NAM	(Month, Day, Year) NOV • 1 9 E (First, Middle, Maiden	1898 G. COUNTY C. Balt 10g. CITIZEN C. U. a or No.— 14. E. S. SINESS/INDUSTR	OF DEATH IMOTE 10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? S A RACE — American Indian, Black, Whita, atc.
Holly Hill Manor Nursi: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Baltimore 10c. STREET AND NUMBER 531 Stevenson Ln. 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) George F. Zimmerma 19a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 10a. METHOD OF DISPOSITION 10b. Donetion 8 Other (Specify) 11 SIGNATURE OF FUMERAL SERVICE LICENSEE // 11 SIGNATURE OF FUMERAL SERVICE LICENSEE // 11 SIGNATURE OF FUMERAL SERVICE LICENSEE // 11 STATE OF STATE	10c. 1 EVER IN U.S. ARMED YES 2 NO AR OR DATES 16a. DECEDENT (Give kind life. De NOC H On 19b. MAIL 47] 20b. PLACE AND DA	TOWS (TOWS (101 13. WAS DEC If yea, ap 1 Yes T'S USUAL OCCUPATION of work done during money for the serviced.) The maker	TION ON ZIP CODE 21204 ENDENT OF HISPANI BOTH Cuben, Mexican 2 No Specify: ON St of working	C ORIGIN? (Specify Ye, Puarto Rican, atc.) 16b. KIND OF BU E (First, Middle, Maiden	Balt 10g. CITIZEN 0 U a or No 14. E	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? S A RACE — American Indian, Black, White, atc.
10a. STATE MD NUMBER 531 Stevenson Ln. 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) George F. Zimmerms 19a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 10a. METHOD OF DISPOSITION 10b. Donetion 8 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSEE I	TEVER IN U.S. ARMED VES 2 NO AR OR DATES 16a. DECEDENT (Give kind life. De NO H ON 19b. MAILL 47]	TOWS (101 13. WAS DEC If yea, ap 1 YES T'S USUAL OCCUPATION of work done during mo T use retired.) ING ADDRESS (Street a	ZIP CODE 21204 ENDENT OF HISPANI Bothy Cuben, Mexican 2 No Specify: ON st of working	C ORIGIN? (Specify Ye, Puarto Rican, atc.) 16b. KIND OF BU E (First, Middle, Maiden	U 14. R E S	I YES 2 NO OF WHAT COUNTRY? S A RACE — American Indian, Black, White, atc.
11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest) George F. Zimmerm: George F. Zimmerm: 19a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 10a. METHOD OF DISPOSITION Disputal 2 Cremation 3 Removal from State Disponstruction 8 Cotter (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSEE I	16a. DECEDENT (Give kind life. De NO) HOTH	13. WAS DEC If yea, ap 1 YES T'S USUAL OCCUPATIC of work done during mot Tuse retired. The maker	21204 ENDENT OF HISPANI scifty Cubert, Mexican 2 No Specify:	C ORIGIN? (Specify Ye, Puarto Rican, atc.) 16b. KIND OF BU E (First, Middle, Maiden	U 14. R E S	S A RACE — American Indian, Black, Whita, atc. Specify; White
Never Married 2 Married FORCES? 1 IF YES, GIVE WE	16a. DECEDENT (Give kind life. De NO) HOTH	If yea, ap 1 □ YES T'S USUAL OCCUPATION of work done during more ruse retired. THE MANUAL OCCUPATION NET USE TO SERV	2 NO Specify: NO Specify: NO Specify: NO Specify: NO Specify:	Puarto Rican, atc.) 16b. KIND OF BU E (First, Middle, Maiden	SINESS/INDUSTR	White
(Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) George F. Zimmerm: 19e. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. Method of Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE I	an ISAN MAIL 47]	of work done during mo of use retired.) nemaker ING ADDRESS (Street a	st of working	€ (First, Middle, Malden		ny .
George F. Zimmerm: 9a. INFORMANT'S NAME (Type/Print) John L. Holmes, Jr. 10a. METHOD OF DISPOSITION 10a. METHOD OF Committion 3 Removal from State 10bonetion 8 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSEE //	19b. MAILE 47]	ING ADDRESS (Street a			Current 1	
John L. Holmes, Jr. 9a. METHOD OF DISPOSITION 3 Burlal 2 Cremation 3 Removal from Stata Donetion 8 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE //	20b. PLACEAND DAT	ING ADDRESS (Street a			<i>Surname)</i>	
Donetion 8 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DAT	18 Parksio	nd Number or Rural Ac le Dr.	Baltimor	m, State, Zip Code e, Md.	21206
1. SIGNATURE OF FUNERAL SERVICE LICENSEE	New Ca	TEOFDISPOSITION (Na Dr Older place) atnedral (Cem.	1/20	Baltimo	re, Md.
Sherman Denny, Jr.	my	22. NAME AN MIT(6500	HELL-WIE	DEFELD HOL	ME, INC	d. 21212
iequantially list conditiona, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net initiated events	OR AS A CONSCOUENCE	a hear	+ fai			Approximata interval Between Onset and Do Week.
ART II. Other aignificant conditions contributing to d	laath but not rasultin	g in the undariying	cause givan in P	ert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDIR AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH
. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Ingestant 2		OTHER:	ACE OF DEATH (Check			1 TES 2 NO
. MANNER OF DEATH 1 Return 5 Pending (Month, Day 2 Accident Investigation	ER/Outpetlent 3 DOA NJURY 28b. T	IME OF 28c. INJURY WOL	FRANCES 2 NO	Other (Specify)	NJURY OCCURED	1
4 Homicide datermined	INJURY — At home, ferm tc. (Specify)			261. LOCATION (Street a City or Town, State)		al Route Number,
(Check only One) 2 MEDICAL EXAMINER: On the beats of axe	ny knowledga, daeth occu mination and/or investiga	arred at the time, data attion, in my opinion, de	and place, and due to ath occured at the tir	the cause(a) and man	iner as stated. d due to the ceus	ue(a) end manner ea stated
6. SIGNATURE AND TITLE OF CERTIFIER Walter NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	ms		29c. LICENSE NUMB	ER O S	29d. DATE SIGN	IED (Month, Day, Year)

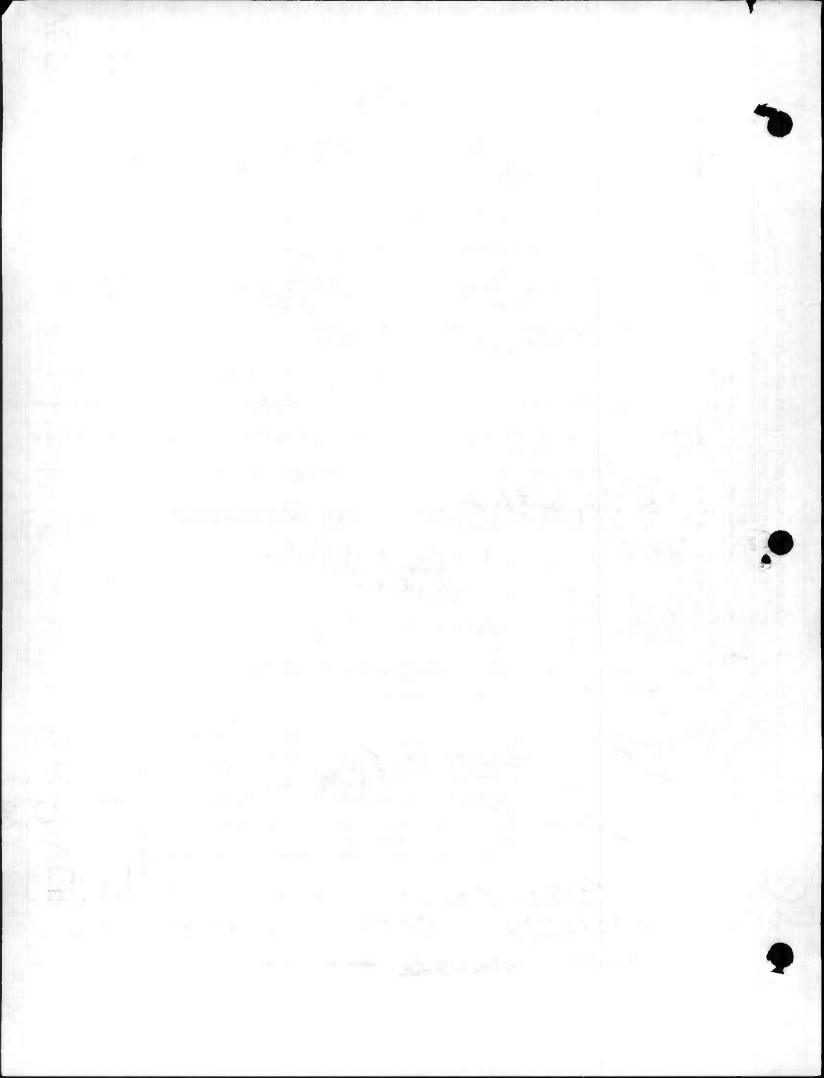


DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should clean with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	anded as tan 20 shours an intern or other transmatic event the medical eventions much be notified at nase
ITAL OR ATTENDING PHYSICIAN;	JNERAL DIRECTOR: After this certification 72 hours after death with the State	to live to marked or the
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1. OECEOENT'S NAME (First, Middle, Last)		MAI	J.T	MASTRAC		MON	TE OF DEATH	4 , 19	92 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-07-0667	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	N. (Mo	E OF BIRTH rith. Day, Year)	900	8. BIRTHPLI Country) ITALY	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give WELLSPRING NURSI RESIDENCE OF DECEDENT		44.0	Agen	96. CITY, TOWN C		F OEATH			ARUN	
10a. STATE 10b. COUN'	TIMORE		100	y, town or locat						Od. INSIDE CITY LIMITS? YES 2XX NO
100. STREET AND NUMBER 129 NUNNERY LANE				10:	1. ZIP CODE 2122	3		10g. CITI	U.S.A	
11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE			If yes, sp	CENDENT OF HI secify Cuban, M 3 2XXNO S	exican, Puerl	BIN? (Specify Ye o Rican, etc.)	a or No—	14. RACE — Black, V Specify: WH	- American Indian, Vhita, atc.
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of ite. Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	1	6b. KIND OF BU	HOMF	USTRY	
17. FATHER'S NAME (First, Middle, Last) SARFINO DEPERSIO					VIRGI		t, Middle, Malder	Surname)		
194. INFORMANT'S NAME (Type/Print) A. GUS MASTRACCI	(SON)			WILKENS						1223
20a METHOD OF DISPOSITION 1 2 Surial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	(/	20b. PLAC	CE AND DAT	E OF DISPOSITION or other place) MEMORIA	(Name	D	ATE 20c. L	OCATION —	City or Town	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	,		22. NAME A	NO ADORESS O	F FACILITY				IN E DI III D
N. (1011 1	JAK.	1		LEROY 1630	M. & EDMOND	RUSSEI	LL C.WI	TZKE	FUNER	AL HOMES
23. PART I. Enter the disease, or shock, or heart fellure immEDIATE CAUSE (Finel disease or condition resulting in death)	a.	A CCU	te 1	1630 not enter the mo	EDMOND:	SON AV	ZENUE, C	ATONS	VILLE	Approximate interval Betw
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO DUE TO DUE TO .	A CC OF OF AS A CONS	te sequence of	Renal	EDMOND:	SON AV	ZENUE, C	ATONS	VILLE	Approximate interval Betw
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS	SEQUENCE C	1630 not enter the mo	EDMOND: ode of dying,	such es c	YENUE, C	N AUTOPSY PRMED?	24b. W	AL HOMES Approximate interval Betwoon on the control of the contr
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent condition Denertian 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	O (OR AS A CONS	SEQUENCE C	1630 not enter the model of the	EDMOND: ode of dying, Fail	such es c	Z4e. WAS A PERFC 1 U YES	N AUTOPSY PRMED?	24b. W	Approximate Interval Betwoonset and Donset a
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significent condition Demandary 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO A DUE TO DUE	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C T resulting	1630 not enter the model of the	EDMOND: ode of dying, Full ing ceuse give	n in Part I.	Z4e. WAS A PERFC 1 U YES	N AUTOPSY PRINCE 2	24b. WAR	Approximate Interval Betwoonset and D
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shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significent condition PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP-DEATH 1 Netural 5 Pending investigation 2 Accident 3 Suicide 6 Could not be detarmined	B. DUE TO DUE	OF INJURY — AI g, etc. (Specify)	SEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S S S S S	1630 not enter the model of the	EDMOND: ode of dying, Full ng ceuse give PLACE OF DEAT THE 5 Reakd ORK? YES 2 N Ca	n in Part I. H (Check only once 6 0 0 286. L)	24a. WAS A PERFC 1 YES	N AUTOPSY PRMED? INJURY OC I and Number of St	24b, WA CO O TO RUTAL ROLL	Approximate Interval Betwoonset and D VERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUSE DEATHY YES 2 NO



		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		permit.
020	physician.	burial-transit
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician	e as the
212	al or a	for use
AND	e hospit	etached
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MOF	аде 6 ш	director,
1LTI	leath. P.	funeral
8	ter d	the the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT; It Item 28 is marked, or item 23 shows any injury, or other traumatic event,

COMPLETED

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4 Homicide

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The after death. Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the burlat-up be filled within 17 brouse. The filled in the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. IMPORTANT: It fear 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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00912 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH A Melton 9:20 Maywood 16 92 14 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 245-16-1147 DAYS HOURS 1 M 2 - F N.C -14-1 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 12 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10 1 NYES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29 5 2 Lane 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1√ YES 2 □ NO IF YES, GIVE WAR-OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 4 Divorced 3 Widowed COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work do life. Do NOT use retire College (1-4 or 5+) Elementary/Secondary (0-12) tu 84 ruc 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Midgle, Maide leltor Man BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number Zip Code) 2 21229 alto, 20a, METHOD OF DISPOSITION
1 Serial 2 Cremetlop 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION DATE - City o 2190 21. SIGNATURE OF FUNERAL SERVICE LICE IS OF FACILITY Wabash 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete ehock, or heert fellure. Liet Dnly Dne ceuee Dn eech line. Interval Between IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF) le decubites wills BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Multiple CVA u With resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE renal 1 TES 2 NO OF DEATH? 1 YES 2 200 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending M 1 YES 2 NO Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

39297

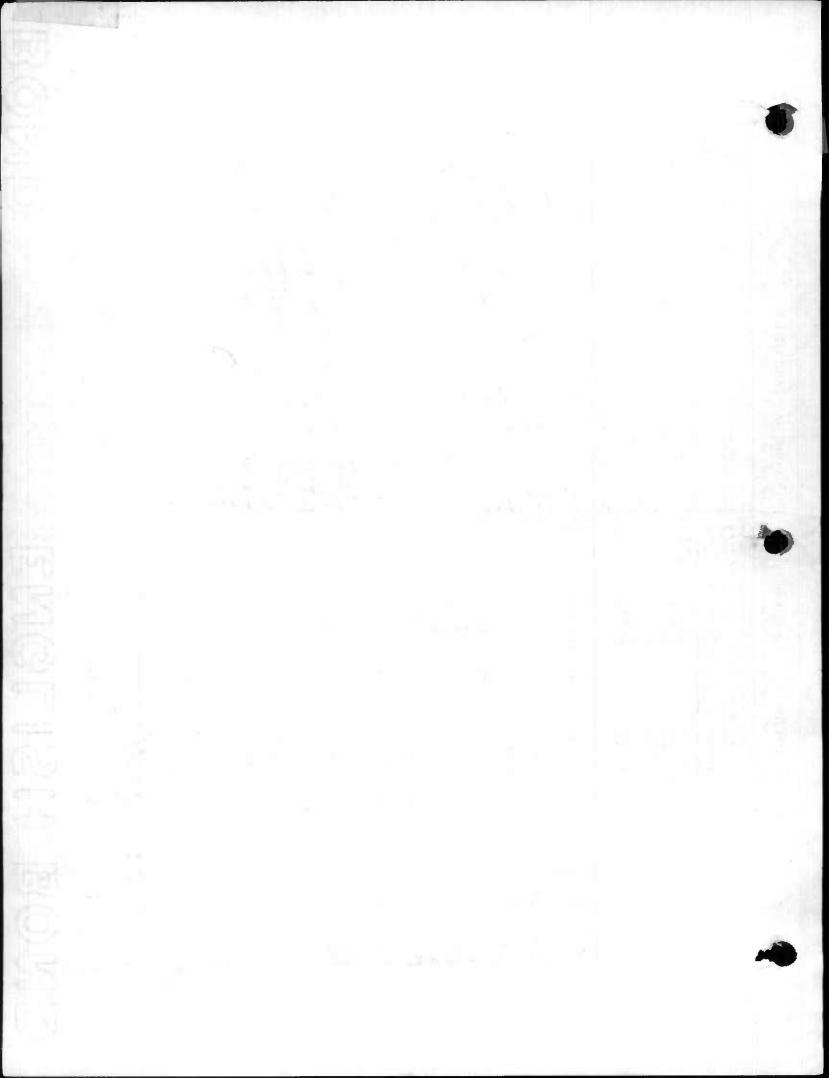
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MC JAN 17 1992 .32. REGISTRAR'S SIGNATURE una Davidson Randa

8 Could not be determined

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/16/92



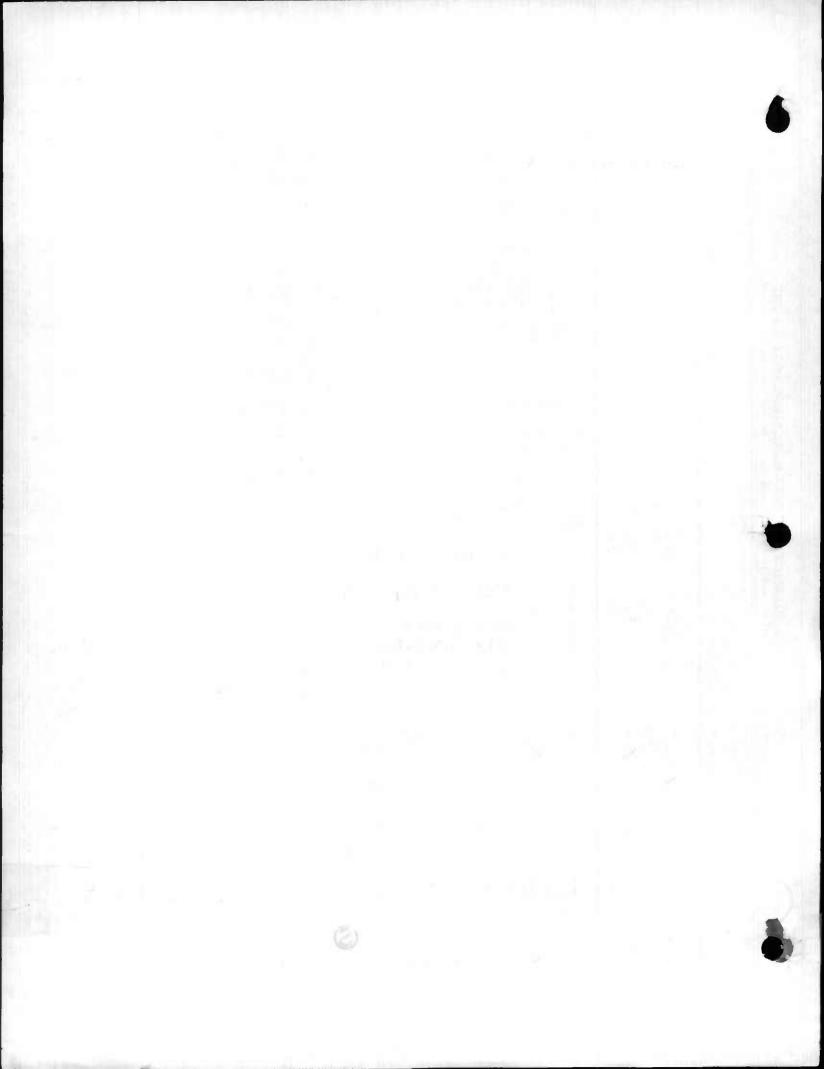
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BALTIMORE, MARYLAND 21215-0020 22 and a giver death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 more after death. Page 6 may be retained by the hospital or attending physician. TO THE HOMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 009/3

1. DECEDENT'S NAME (First, Middle, Last			II IOAI E	OF DEATH	REG.	NO.		
-60 Lb1+	(LEE M	ELTON)			2. DATE OF DEAT		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	3/1				地上	12 9	2	20:12
244804610	1 XM 2 F	AGE (In yrs. lest birthde 39	MONTHS 0	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	nr) 1	Country)	
9e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TO	WN OR LOCATION OF	01/27 DEATH		NO DE	
GOOD SAMARITAN H				BALTO. CIT	CY			
MARYLAND 106. COUN	ITY		ALTO.	CITY				IDI. INSIDE CITY LIMITS? YES 2 NO
5702 WILLOWTON A	VE.			101. ZIP CODE 21239			SA	AT COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If ye	DECENDENT OF HISP s, specify Cuben, Mexi YES 2 NO Spec	can, Puerto Rican, etc	y Yes or No-	Black,	American Indian, White, etc. ALFRO AME
15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	16a. DECEDEN	T'S USUAL OCCU	PATION PATION	16b. KIND OI	BUSINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		TODIAN	ig most of working	BALTO	CO. BO	DARD	OF EDUCAT
17. FATHER'S NAME (First, Middle, Last)				16, MOTNER'S N	AME (First, Middle, Me			OI EBCOMI
ROBERT MELTON				SARA				
190. INFORMANT'S NAME (Type/Print) ESTHA BROWN		3534	NG AODRESS (SE OVERVI	reet and Number or Rura EW ROAD B	ALTIMORE,	MARYLA	Code) AND 2	1215
20e, METHOD OF DISPOSITION 113 Burtel 2 Cremetton 3 Rev 4 Donetton 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF THAM PETERN	TE OF DISPOSITIO	N (Name of		LOCATION — C	ity or Town	n, State
21. SIGNATURE OF FUNERAL SERVICE I	Scensee Ste	0		EPNBROTHER O EUTAW P		HOME		
23. PART I. Enter the diseases, pr	complications that	aused the death. D						Approximata
index, or heart failure immediate CAUSE (Final disease or condition resulting in death)	. List brily bria cause	Ydiac -						interval Between Onset and Daar
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING		diomyo	bathy	1				
CAUSE (Disease or injury that initiated events		AS A CONSEQUENCE						-
resulting in death) LAST	d. HIV	infec	tion					2 400
PART II. Other significant condition	ons contributing to da	eth but not resultin	g in the under	lving cause given is	n Part i 24a um	S AN AUTOPSY	Tan u	
					PEF	S 2 NO	C	TERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATN (C	heck only one)			
1 YES 2 NO	HOSPITAL:	t/Outpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence				
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,)	URY 26b. T		INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	JRED	
1 Natural 5 Pending Investigation			M 1	YES 2 NO				
3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	i, atreet, factory,	office	28f. LOCATION (Str. City or Town, S	eet end Number o tete)	r Rural Rou	te Number,
			errad at the time	date end place, end du	a to the cause(s) and			
29e. CERTIFIER Check only	SICIAN: To the best of my IER: On the besis of exam	knowledge, death occu ination end/or investiga	tion, in my opinic	on, death occured at th	e time, date end place	menner es atatec	counciel a	nd manner es stated
29e. CERTIFIER Check only	IER: On the besis of exami	Ination end/or investiga	tion, in my opinic	on, death occured at the	e time, date end place	, end due to the	ceuse(s) e	lonth, Day, Year)
290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFIE B. Lanka	IER: On the besis of exami	Intern	tion, in my opinic	on, death occured at th	e time, date end place	, end due to the	ceuse(s) e	

DHMH-16 Rev 1/89



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		MARYLAND	ERTIF	ICATE	OF	DEAT	AND I	MENTA	REG. NO	E		
1. DECEDENT'S NAME (First, Middle, Las									OF DEATH	_	The Control	3. TIME OF DEATH
ELLWOOD Elwood	W. 4	H	N	IITCI	HEL	L		0 1	16	AY	992	1:48 A
4. SOCIAL SECURITY NUMBER 214-16-4143	5. SEX	8. AGE (In yrs. In	yas birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Monti NOV.	OF BIRTH 3, 191	7	Countr	PLACE (State or Foreign
9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE		,,,,,,		NTY OF D	
903 IRIS ST. RESIDENCE OF DECEDENT 106. STATE M aryland				BAI	LTI	MORE				-		_
10s. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
				Balt	imo	re						LIMITS?
903 Iris Aven	ue				101	21 21 21	205				S.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE Y WW11	YES	RMED	11	yes, spe	ENDENT O	F HISPAN	n, Puerto I	77 (Specify Yes		14. RACE	— American Indian, White, atc.
15. DECEDENT'S ED	DUCATION	16a, D	ECEDENT'S	USUAL OC	CUPATIO)N		16b.	KIND OF BU	SINESS/INC	USTRY	
(Specify only highest gra Elementary/Secondary (0-12) NA	College (1-4 or 5		Give kind of version of the Do NOT us	vork done d le retired.) og Ki		st of workin	ng .			t Co		7
17. FATHER'S NAME (First, Middle, Last)				0		18, MOTI-	IER'S NA	ME (First 4	Aiddle, Maiden		pair	
Winborne Steven	n								rtney	our relie)		
19s. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS	(Street a				er, City or Tow	n, State. Zio	Code)	
Dorothy Ann For	rand (Dgl	ntr)							re, Md			
20a METHOD OF DISPOSITION 1 \(\times \) Burtel 2 \(\times \) Cremation 3 \(\times \) R 4 \(\times \) Donation S \(\times \) Other (Specific	moval from State	20b. PLACE Cemies Con MOUIT	ANDDATE	OF DISPOSIT	TION (Na	me of		DATE	20c. LO	cation —	City or To	
21. SIGNATURE OF FUNDINAL BERVICE	JOENSEE /	7		-				CILITY				Md.
23. PART I. Enter the diseases, or	D Twis			33	31	Brehn	ns L	ane,	Homes Balto	., Mo	1. 21	.213
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. As te	(OR AS A CONSE	GUENCE OF	Cay	di	OVas	in	lar	Dise	east		Onset and Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSE										
	d											-
PART II. Other significent condition	ons contributing to	death but not	reaulting i	n the und	ferlying	cause g	iven in i	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28 01	ACE OF DE	ATM (Ch.	ick only one	- 1			
EXAMINER?	HOSPITAL:	FDIO. 4-14		OTHER:								
27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF		28b. TIMI	4 Nursi	ng Home 28c. INJU		eldence			100000000		
Netural 5 Pending Investigation	(Month, D	ay, Year)	ILAI	URY M	1 🗌 Y	ES 2	NO	28d. DE\$	CRIBE HOW IF	JURY OCC	URED	
3 Suicide a Could not be determined	26s. PLACE O building,	F INJURY — At he etc. (Specify)	ome, term, s	treet, factor	ry, office			28t. LOCA City o	TION (Street a r Town, State)	nd Number	or Rural Ro	oute Number,
	SICIAN: To the best of											
	IEN: Un the bests of a		veenganoi	, in my op	muon, de	etn occure	er at the t	ume, dets	and place, and	dus to the	ceuse(s)	and manner as stated.
(Check only one) 2 MEDICAL EXAMIN												
(Check only		0				29c. LICE						Month, Day, Year)
(Check only 1 CERTIFYING PHY:	ERLAN	0		(Drivet)			. M .					
(Check only one) 2 MEDICAL EXAMIN	ER REMAINS CAUSE THO COMPLETED CAUSE THE CAUSE	0	M 27) (Type,		NN S	0.0	.М.	Е	RE, MA	▶01	-16	Month, Day, Year) - 1992

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH		CENTIFI	CALE OF	DEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	VIII VIII VIII VIII VIII VIII VIII VII		841-8		2. DATE OF DEATH MONTH DA	Y	3. TIME OF DEATH
	FRANCIS		MILLER			January 1		992 1:30 P M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
	212-03-4422	1XXM 2 □ F 78	YRS.			2-18-191	13	Maryland
	9a. FACILITY NAME (If not institution, give st		320		OR LOCATION OF DEA	ATH	-	TY OF DEATH
0	North Arundel Ho	spital	40.4	Glen B	urnie		Anne	Arundel Co.
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCA	TION			10d, INSIDE CITY
DIRECTOR	Maryland Anne	Arundel	3	Millers	ville			1 TYES XX NO
1	10s. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
ER/	8318 Sycamore R	oad,			21108		USA	4
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				C ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3/X Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			ecify Cuban, Mexican 2 NO Specify:			Panaltu
	A COLUMN TO THE RESIDENCE OF THE PARTY OF TH							White
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of w	USUAL OCCUPATI ork done during m retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDU	ISTRY
2	8th Grade	College (1-4 or 5+)	Retired			Revere	Conne	er and Brass
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Madrida	0 00011		ME (First, Middle, Maiden		and bruss
Ö	William B.	Mille	r		Grace	_	Lohn	nan
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	The second secon	oute Number, City or Tow		
2	Mr. Robert W.	Miller	831	8 Sycam	ore Rd	Millersvi	lle. N	4d. 21108
	20a, METHOD OF DISPOSITION 1/1/Burtal 2 Cremation 3 Remarks	201	PLACE AND DATE	OF DISPOSITION	(Name	DATE 20c. LO	CATION - C	ify or Town. State
	■ Domition 5 □ Other (Specify)	G	Ten Have	n Memor	ial Park	1/16 Gle	en Bur	rnie, Maryland
	21. SIGNATURE OF FUHERAL SERVICE LIC	Kevin E.		22, NAME A	ND ADDRESS OF FAC	CILITY		
	+Xc>			237	E. Patap	sco Ave.	Balto	ooklyn o., Md. 21225
	23. PART I. Enter the diseeses, or o							est, Approximata
	IMMEDIATE CAUSE (Final	List only one cause on e	ech ilne.					Interval Between Onset and Death
	diseese or condition resulting in death)	· Idrove	CONSEQUENCE OF	la	Myth	m		hours
		DUE TO (OR AS A	CONSEQUENCE OF	rten	4			
N	Sequentielly list conditions,	Cow	roy C	ruy	Mesin			
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF): V				į I
윤	CAUSE (Disease or Injury that initiated events	C DUE TO (OR AS A	CONSEQUENCE OF	7:				
CERTIFICATION	resulting in death) LAST	4						
	DART II ON THE MINE AND THE MINE					Part I. 24s. WAS AN		
EDICAL	PART II. Other significent condition		dise cs	30.00	ig ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ă	mito state				100 T	1 □ YES	NO	OF DEATH?
Σ	Inua State		ell 4	1 0	10	-		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	unleit a	geordee		LACE OF DEATH /Che	ack only one)		_
PHYSICIAN:	EXAMINERY 1 YES 2 DINO	HOSPITAL:	action 3 [] DOA	OTHER:	me 5 🗆 Residence			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF 28c. IN	TA YHUL	28d. DESCRIBE HOW	MUNN OCC	YRED_1
ВУ Р	1 Accident 5 Pending Investigation	(Miureth, Day, Wear)	IN.		YES 2 NO	/	1//	
ED 8	3 Duicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Size	- At home, furm, a	tree testory, of	te//	28f. LOCATION Some City or Token, Stant	anti referenti	or Planel Floure Mumbes
	4 Homicide determined	respensive state		- (and the second		J
COMPLET	CONSCR ONLY	ICIAN: To the best of my know	rledge, death occurre	ed at the time, dar	a and place, and dua	to the cause(s) and ma	nner as state	rd.
ŏ	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	on and/or investigation	n, in my opinion,	death occured at the	time, data and place, ar	nd due to the	e cause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	101	200		29c. LICENSE NUM	ABER	29d. DATE	SIGNED (Month, Day, Year)
TO 8	6)ayen	111/20	109	M	1) 2	1572	-	4Jan 72
-	30. HAME AND ADDRESS OF PERSON WI		(1)			D		01.061
=7	DR. Bayinnah S			in High	way, Glen	Burnie,	MG.	21061
	STANKE INCENTIVENEY DAY MAY	32. REGISTRAR'S SIGN	IN UNE					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

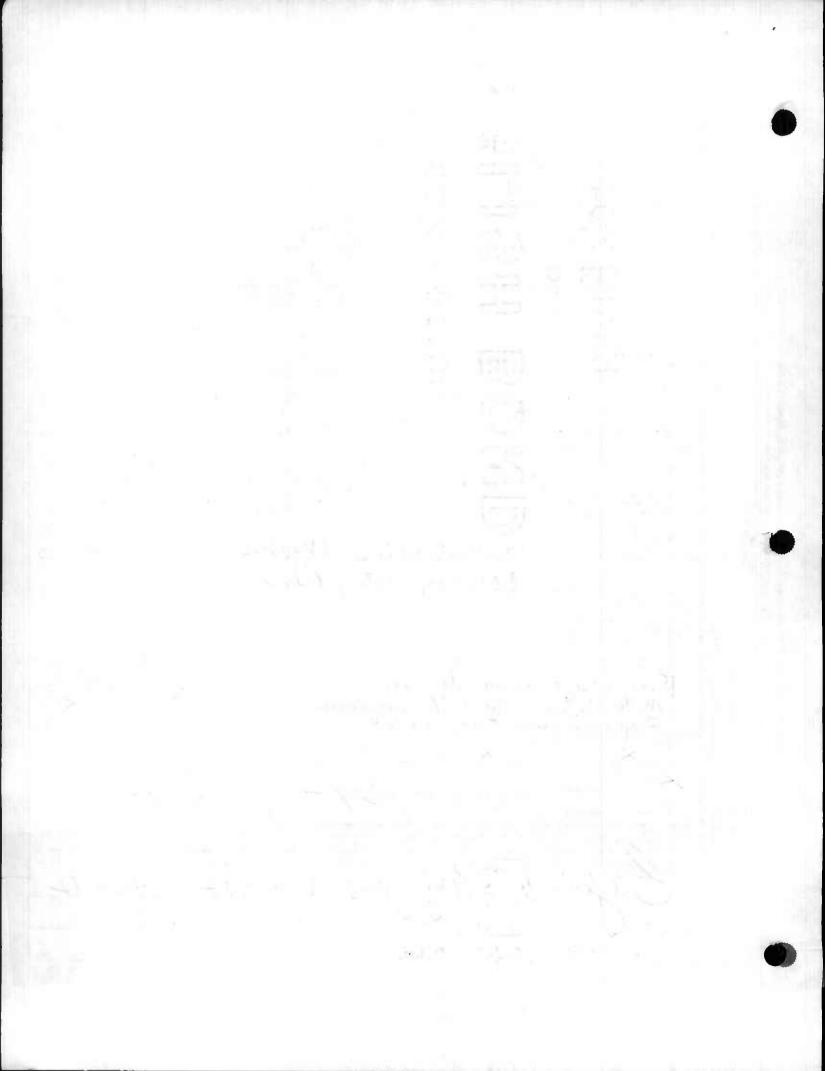
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 refairs after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



1 - STATE REGISTRAR		OINIE OF F	CE	ERTIF	ICATE O	F DEA	TH MI	REG. NO			
1. DECEDENT'S NAM		•						2. DATE OF DEATN	MY	YEAR	3. TIME OF DEATN
FREDE	RICK L	MULLER						01 10	7	92	550 7
4. SOCIAL SECURITY 217-01-		5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
		1 X M 2 □ F	86	YRS.	MONTHS DAY	HOURS	MIN.	Jan. 5, 190	16	Ma	ryland
9a. FACILITY NAME (f not Institution, give	s street and number)			9b. CITY, TOW	OR LOCATI	ON OF DEAT	TN	9c. CO	UNTY OF D	DEATH
CHURC	H HOSP	ITAL COR	PORATT	ON	DA.	TIMO	DE C	Torr		-	
CHURC RESIDENCE OF 10a. STATE Maryland	10b. COUR			_			KE C	TTY			
Maryland	IOB. COOP			10c. CI	TOWN OR LO						10d. INSIDE CITY LIMITS?
					Baltim						1 X YES 2 NO
106. STHEET AND NO		1 4				10f. ZIP COD					WHAT COUNTRY?
	. Highla	and Avenue					21224			S.	Α.
11. MARITAL STATUS 1 XXNever Married 3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	IT EVER IN U.S. AR I YES 2 X AN	MED 10	it yea,	ECENDENT Consists of the second consists of t	n, Maxican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No—	14. RAC Blac Spec	E — American Indian, k, White, atc. Hy: White
1	5. DECEDENT'S EL	DUCATION	18e. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BU	CINESC/IN	DUETRY	***************************************
(Spec	dery (0-12)	College (1-4 or 5	(G)	ve kind of Do NOT u	work done during	most of working	ng	IVO. KIND OF BU	SINE33/IN	DUSIKI	
NA	aa. y (0 12)	NA		Carpe	enter			Rea	1 Es	tate	
Elementary/Secon NA 17. FATHER'S NAME (I	First, Middle, Last)					18. MOTI	HER'S NAME	(First, Middle, Maiden			
John Leon	nard Mul	ler						Geener	Junetine)		
19a. INFORMANT'S N	AME (Type/Print)		191	MAILING	ADDRESS (Street	t and Number	or Bural Bou	ite Number, City or Tox	on Class 7	the Condo	
Howard M	uller (H	Brother)		5600	Wildwoo	od Lar	ie, Ba	altimore,	Md.	2120	09
20g. METNOD OF DIS 1 & Burlat 2 Cr	POSITION		20b. PLACEA	NDDATE	OF DISPOSITION	Name of		DATE 20c, LC	CATION -	- City or To	State .
1A Burial 2 Cr	Other (Specify)	moval from State	Lorra	malory or o	Park C	emeter	v				Maryland
21. SIGNATURE OF FU	INTRAL SERVICE	LICENSEE			22. NAME	AND ADDRES	SS OF FACIL	ITY			
1	1-1	1000.						cal Homes			
00 PARTA 5-4-1	- 77	r compileations tha			3331	Brehn	ns Lar	ne, Balto	., M	d. 2	L213
immediate causi disease or conditi resulting in death	E (Final	s. List only one cau	AS A CONSEC								Approximate Interval Between Onset end Deat
Sequantielly list of frame, laeding to I cause. Enter UNDI CAUSE (Disease o that initiated even resulting in death)	mmediate ERLYING or Injury	с.	(OR AS A CONSEC								years
resulting in death)		d	,	JOENOE O	. ,.						
	nificant condition	ons contributing to	deeth but not re	esulting	In the underly	ng cause o	iven in Pa	ort I. 24a. WAS AN	ALITOPSY	246	WERE AUTOPSY FINDINGS
PART II. Other elg				-0				PERFOR		1 22	AVAILABLE PRIOR TO COMPLETION DF CAUSE
								_ 1	ON [OF DEATN?
								-			1 TES 2 NO
25. WAS CASE REFER	BED TO MEDICAL	T									
EXAMINER?		HOSPITAL:			OTHER:	PLACE OF D					
25. WAS CASE REFERIEXAMINER? 1 YES 2 N 27. MANNER OF DEAT		1 Inputient 2			4 - Nursing He		-	Other (Specify)			
1 Natural 2 Accident	5 Pending Investigation	28a. DATE OF (Month, Di		28b. TIM	URY	YES 2		8d. DESCRIBE NOW I	NJURY OC	CCURED	
	8 Could not be determined	28a. PLACE Of building,	F INJURY — At hor atc. (Specify)	me, term,	street, factory, of	Ice	26	8f. LOCATION (Street City or Town, State)	and Numbe	or Rural I	Route Number,
29a. CERTIFIER (Check only one) 2	MEDICAL EXAMIN	SICIAN: To the best of ex	my knowledge, dez xamination and/or is	ath occum	ed at the time, da	te end place,	end due to	the cause(s) end mai	nner ea ata	sted. the cause(s) and manner as stated.
296-SIGNATURE AND	TITLE OF CERTIFI	The a	hid-Gr	eciò	rle'ft	29c, LICE	YO 3	B/C	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRE	SS OF PERSON W	PD COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (7/00	Print)	ewa	· sto	Bach.	MI	D. 2	1/2-3/
31. DATE FILED (Month)	Day, Year)	32 REGISTRA	R'S SIGNATURE	44.	Much so	- W	1.				

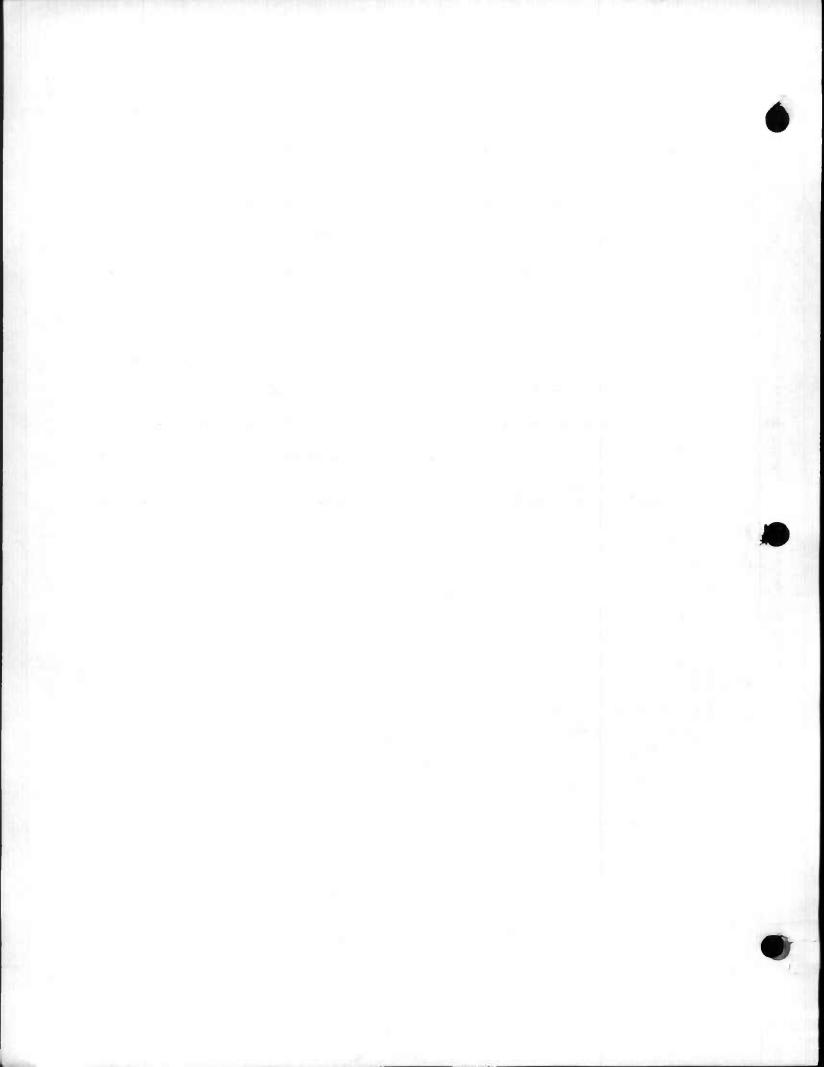
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 YES 2 X NO

WHITE

Approximate Interval Between

Onset and Deeth

1989

MAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE DF DEATH?

8. BIRTHPLACE (State or Foreign

AMM

YEAR

2. DATE OF DEATH DAY

7. DATE OF BIRTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

GORDON

5. SEX

_	
BOX 68760,	
P.O.	
RECORDS, P.	
OF VITAL	
DIVISION	

215-14-6747 1 M 2 F 12/28/ MARYLAND 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 705EPH RICHEY H 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOSPICE BALTIMORE N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MO ANNE ARUNDEL GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 315 AVE STIEMLY 21060 death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cubert, Maxican, Puerto Rican, atc.)

1 YES 2 MO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced W.W. II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 CO-PASTOR FULL GOSPEL TEMPLE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 90ROON LEE NORRIS, SR. notified at BE MARGARET ELIZABETH KESTING 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JACUELINE N. NORRIS 315 STIEMLY AVE. GLEN BURNIE, MD 21060 Pe 20s. METHOD OF DISPOSITION
1 C Burlel 2 C Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE filled in by the funeral director, ion, or removal. 4 Donation 5 Other (Specify) GLEN HAVEN MEMORIAL PARK 1-18-92 GLEN BURNIE, MD examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 medical Leave he dieaesee, or complicatione that ceused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel completely filled rial, cremation, the disease or condition . GRAM NEGATIVE within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed been signed by the attending physician and con it, of Health and Mental Hygiene prior to burlal, BILATERAL URETERAL DUE TO (OR AS A CONSEQUENCE OF): traumatic OBSTRUCTION CERTIFICATION Sequantially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING 2 ARCINOMA certificate other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in deeth) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS that PERFORMED? shows any 1 TYES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL certificate h Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: T DIRECTOR: After this certificate hours after death with the Stat OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) HOSPICE marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 40 ETED 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be 4 Homicide 28 Hem 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE FUNERAL THE PROPERTY. IF IS 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Edward N. Campbell p 000 961 116 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OWARD CAMPBELL UNIVERSITY 31. DATE FILED (Month, Day, Year)

JAN 17 32. REGISTRAR'S SIGNATURE who Davidson-Randelle

GORDON LEE NORRIS, JR.

8. AGE (In yrs. lest birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.



DHMH-16 Rev 1/89

2120

12 1/2 21 TO SHOW HOPKE SHOWED SHOWED IN F120 32918

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH	DAY 100	EAR 3	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- ' '		2310
	215-05-1360	1 🗆 M 2 📈 F	85 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 15,	1906	Country)	ACE (State or Foreign ryland
<u>بر</u>	90. FACILITY NAME (If not institution, git				OR LOCATION OF		9c. COUNTY	OF DEA	TN
DIRECTOR	HESIDENCE OF DECEDENT				ORE CIT	Y			
뿔	10e. STATE 10b. COU	INTY		, TOWN OR LOCA				10	Dd. INSIDE CITY
- 6	Maryland		Ba	altimore	e City			1	XYES 2 NO
₹ I	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHA	AT COUNTRY?
ij	115 E. Melrose	Ave.			21212			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 X NO	Il yee, sp	CENDENT OF NISPA Hecity Cuban, Maxic 2 NO Spec	ANIC ORIGIN? (Specify) can, Puarto Rican, aic.) ify:	na or No— 14.	RACE — Black, V Specify:	American Indian, Vhits, atc.
	15. DECEDENT'S E	DUCATION	16a. DECEOENT'S I	ISHAL OCCUPATION	ON				White
ETED	(Specify only highest gr	ade completed)	(Give kind of w	ork done during mo retired.)	est of working	166. KIND OF B	USINESS/INOUS1	RY	
2	Elamentary/Secondary (0-12) 10 Years	College (1-4 or 5+)	Clerk			M	B. & A.		
COMPL	17. FATNER'S NAME (First, Middle, Last)		1 01611		10 MOTHER :				
	James Zeman				4	AME (First, Middle, Maide	n Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)		En en en en			y Polek			
임	Ann L. Botzler		190. MAILING	AODRESS (Street &	and Number or Rura	Route Number, City or To	wn, State, Zip Coo		
	20p, METNOD OF DISPOSITION					altimore,		212	
	1 Burial 2 Cremation 3 R	amoval from Stata	20b. PLACE AND DATE O	F DISPOSITION (Na ner place)	ame of	DATE 20c. 1	OCATION — City	or Town	, Slate
	4 Oonellon 5 Other (Specify)	1	Dulaney Va	Tiey Mei	m. Gans.	1/15/92	imoniun	n, M	d. 21093
	21. BIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAME AL	ND ADORESS OF F	defeld Hor	o Inc		
	James F Ru	Deunsiele, Jr. 2	Y).	6500	Aoak Dq	. Baltimo	Md.	2	1212
									1212
	IMMEDIATE CAUSE (Final	a. List only ona cause o	n each line.	ot enter the mo	de of dying, au	ch as cardlec or res	piratory errest,	,	Approximate intervel Betwee Onset and Dec
	disease or condition reculting in death)	a. Preumoni	9						Z days
			AS A CONSEQUENCE OF	:					
z		- b.							
RTIFICATION	Sequentielly liet conditione, if any, leading to immediate	OUE TO (OR	AS A CONSEQUENCE OF	:					
§	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c.							
<u> </u>	that initiated events	OUE TO (OR	AS A CONSEQUENCE OF)	:					-
E	resulting in deeth) LAST	4							
빙									
DICAL	PART II. Other significant conditi	one contributing to deel	th but not resulting in	the underlying	g ceuse given in	Pert i. 24a. WAS A	N AUTOPSY		FRE AUTOPSY FINDING
응 [[Physistensian					1 _ YES	PAMED?	CD	AILABLE PRIDE TO IMPLETION OF CAUSE
шш	Dementra						2/2 110		DEATH?
Σ	Using Infletion					—		1	YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF DEATH (C)				
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C	neck only one)	-		
2	27. MANNER OF DEATH	1/1 Inpatient 2 - ER/				8 Other (Specify)			
à I	1 Netural 5 Pending	(Month, Day, Ye			URY AT	26d. DESCRIBE NOW	INJURY OCCURE	D	
<u>a</u>	2 Accident investigation	n		M 1 🗆 1	ES 2 NO				
ا ۵	3 Suicids 6 Could not b	Dullding, atc. /	URY - At home, larm, st	rest, lactory, office		28f. LOCATION (Street	and Number or R	ural Rout	e Number,
	4 Nomicide determined		-,,,			City or Town, State	9)		
	29s. CERTIFIER 1 CERTIFYING PN	YSICIAN: To the heat of my k	nowledge death ecours						
ž I	(Check only one) 2 MEDICAL EXAMI	YSICIAN: To the best of my k	stion and/as immediateles	at the time, date	and place, and du	s to the cause(s) and m	anner as stated.		
NO N		NER: On the basis of sxamin	acron and/or investigacion	, in my opinion, d	sath occured at the	time, data and place, a	ind dua to the ca	nee(a) su	id manner as stated.
ш	296. SIGNATURE AND TITLE OF CERPIF				29c. LICENSE NU		29d. DATE SIG	NED (M)	onth, Day, Year)
	Vell als	well -					1/1	2/9	72
2	30. NAME AND ADORESS OF PERSON Y	WNO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, I	Print)			- '/'		
	Jeffry Tabat	E Zol G.	university A	formy c	Won Men	noise Hypital	Bath.	MD	21-18
-	31. DATE FILED (Month, Day, Year)	32 REGISTRADIO O	IGNATURE						
	JAN 17 1992	32. REGISTRAR'S S	A Prode 90						
	JAN 1 1992	guna varidos	1- Marine						

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

6

92 00919

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	32	00919
	1. DECEDENT'S NAME (First, Middle, Last) ALEXAND	ER	POT.	EGA	2. DATE OF OEATH MONTH DAY	-97 YEAR	3. TIME OF OEATH
JR.	4. SOCIAL SECURITY NUMBER 218-09-733 90. FACILITY NAME (If not institution, give	718M2 0 F 78	YRS. MONTH	TY, TOWN OR LOCATION OF		8. BIRTH	UNSY/VANIA
RAL DIRECTOR	RESIDENCE OF DECEDENT 10 STREET AND NUMBER	LVERN &	10c. CITY, TOWN	BA HIMO		Dg. CITIZEN OF V	10d. INSIDE CITY LIMITE? 1 VES 2 NO VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		ANIC ORIGIN? (Specify Yee or cen, Puerto Ricen, etc.)	No — 14. RACE Black Special	E - American Indian, t, White, etc.
COMPLETED	15, OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION ocompleted) College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	olovee	ARMC	054	ieel
TO BE CO	17. FATHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (Type/Print)	Lands		as	IAME (First, Middle, Melden Sug	ROK	Marieza
	20e. M5THOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	20b. F	PLACE AND DATE OF DISP lery, crematory or other place		DATE 20c. LOCATO	ION — City or To	wn, State
	21. SIGNATURE OF TUNERAL SERVICE LI	Bannes		NAME AND ADDRESS OF	ZANNING VK/120 St 1	JR. F.	uven/Honc
	23. PART I. Enter the diseases or ahock, or hear failure immediate CAUSE if inal disease or condition resulting in death)	List only one cause on asc	ch line.		ch as casefac or respirate	11 1407 547	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CORONARS A C		Y DISE	ASE.		20 Y
PHYSICIAN: MEDICAL CER	PART II. Other significant condition	a contributing to death but PBROSIS	t not resulting in the	underlying cause given in	n Part I, 24a. WAS AN AUT PERFORMED 1 YES 2	0?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 DOA 4 N	28. PLACE OF DEATH (CER: uraing Home 5 Residence			
B	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUI		oute Number,
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE)	CIAN: To the best of my knowled R: On the beele of examination of	dge, death occurred at the	time, data end place, and du	e to the cause(s) end menner	ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	Cacloman	mo	29c. LICENSE NU P 181	JMBER 29		(Month, Day, Year)
	31. DATE FILED (Mogae, Day, Year)	32. REGISTRAR'S SIGNAT	L, MI	<i>J</i> .			

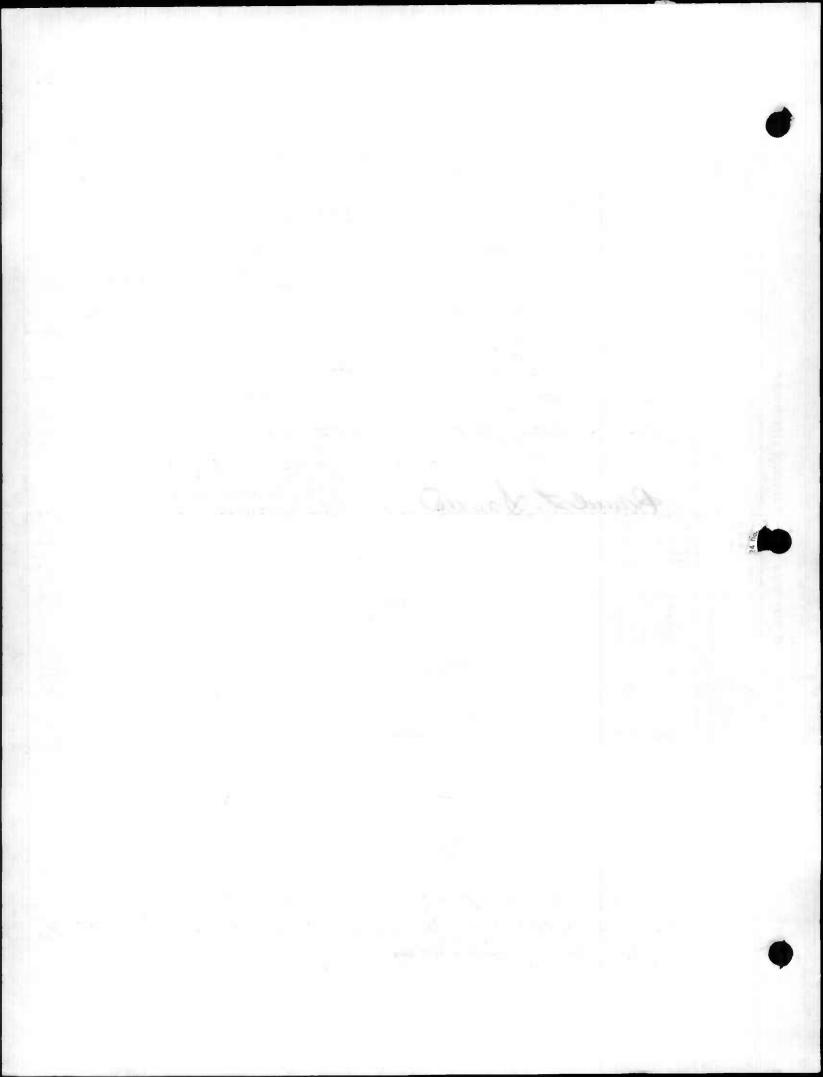
TECHTOMIC CHAMCOMAGELL ...

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BOX 68760,	
P.O.	
RECORDS,	
I OF VITAL	
NOISINI	The second secon

100	Cur	NAME (First, Middle, La)							DATE OF DEATH	DAY	YEAR	3. TIME OF DE
	4. SOCIAL SECT		U.S./SEX	& AGE /In us	rs. last birthday)	IF UNDER		I		15	3 (12	2:10
	577-18	-5146	1√2 M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS MIN	-	Month, Day, Year) 2-22-]	012	Count	
		AME (If not institution, glv		70		9b, CITY.	TOWN C	OR LOCATION OF	DEATH	2-22-1	-	JATY OF D	th Car
CTOR	RESIDENCE	ty Medic	al Cente	r				imore	-		1.00		, CAIN
DIRE	Md	10b. COU	NTY			ry, TOWN O							10d. INSIDE CIT LIMITS? 1 X YES 2
VERAL	5703	вland Av	enue				101	21215			10g. CIT		WHAT COUNTRY?
BY FUN		ATUS ried 2 Merried 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	XNO	H	yes, sp	ENDENT OF NIS ecify Cuben, Mer 2 X NO Spo	ican, Pu	RIGIN? (Specify Ye erto Rican, etc.)	as or No—		E — American Inc k, White, etc.
TED		15. DECEDENT'S E (Specify only highest gre		164	OECEDENT'S	work done di	CUPATIO	ON ost of working		16b. KINO OF BU	SINESS/IN	DUSTRY	
COMPLET	6 t		College (1-4 or 5+		Minist					Relig	jious	5	
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F		Ella Sta	ten		5703	Blar	nd .	Avenue	E	Balto.,			1215
		F DISPOSITION Cremetion 3 Re 5 Other (Specify)	emoval from State	20b. PLA cemetery Mar	ACE AND DATE	ther plece)	TION (Ne	me of King	1		CATION -		wn, State Maryl
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BALTIMORE, MARYLAND 21215-0020	; after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ; after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fulbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN REG. NO.		
		HERING	PENIST	=1/	2. DATE OF DEATH MONTH D	/ Y	3. TIME OF DEATH 2 /357 M
		6. AGE (In yrs. I	YRS. MONTHS DAYS	HOURS MIN.		8.	BIRTNPLACE (State or Foreign Country) Wyoming
TOR	SUBURBAN	HOSPITAL	96. CITY, TOWN	HBSDA	EATN	MON	TGOMERY
DIRECTOR	100, STATE 100, COUNTY MD MONT	TGOMERY	GAITITE		6		10d, INSIDE CITY LIMITS? 1 VES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 430 N. SUM		#204	101. ZIP CODE	77		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEOENT EVER IN U.S. A FORCES? 1 TYES 2 T IF YES, GIVE WAR OR DATES	NO If yes,	ECENDENT OF HISPA specify Cuban, Maxics ES 2 XNO Specif	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Spec#White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPA (Give kind of work done during in the. Do NOT use retired.) Parole Office	most of working	166. KIND OF BUS	ections	
ш	17. FATHER'S NAME (First, Middle, Lest) John A. Peniste	n			ME (First, Middle, Meiden icia Blevii		
TO B	Patricia G. Penis	ten (Mother)	19b. MAILING ADDRESS (Street 5316 Libe:			n, State, Zip Cod	(e)
	26e. METHOD OF DISPOSITION 1	NO 1	eand date of disposition (rematory or other place) rthern Virgin	nia Crema	tory 1/14	Arling	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN Baudd	· Naueis) Ca	11e Chur	neral Serv		
	23. PART I. Enter the diseases, or conshock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	prications that caused that of only one cause on each line	death. Do not enter the man.	ode of dying, suc	h as cerdiec or reapi	atory arrest,	Approximeta interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI					
MEDICAL	PART II. Other algorificent conditions of ALCOHOL	ontributing to deeth but not	resulting in the underlyi	ng cause given in	Part i. 24a. WAS AN PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatient	OTHER:	PLACE OF DEATH (Ch			
ED BY	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba	28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At h building, etc. (Specify)	28b. TIME OF INJURY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN GUASHOT 281. LOCATION (Street ar City or Town, State)	- w	ound
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAI (Check only one)	N: To the best of my knowledge, d	O MG	a and place, and due	to the cause(s) and mann	her as stated.	0
BE CO	289. SIGNATURE AND PITTLE OF CERTIFIER	on the basis of examination and/or	Investigation, in my opinion,	29c. LICENSE NUM			NEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (IT	EM 27) (Typo, Print) WISCO WS 124	Avids	oryg	A MI	12-92 18 ESPIC
	JAN 17 1992	32 PEGISTRAB'S SIGNATURE	indelle	1	-1.1630	117-6	



permit. Pages 1, 2, 3 should use as the burial-transit retained by the hospital or attending physician. Po detached 99 page 5 should

MARYLAND 21215-0020

BALTIMORE.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7 notified rs after death. Page 6 may be P must funeral director, examiner by the f medical cremation, the completely The law requires that the death certificate be executed within event. to burial, traumatic and signed by the attending physician Health and Mental Hygiene prior to other 0 shows any been of h Dept. t certificate h. or Item 2 OR ATTENDING PHYSICIAN: this c. marked, After 28 ls FUNERAL DIRECTOR: within 72 hours after Hem MPORTANT: If

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TOMMU (TOMMIE PARLAND YEAR 01 92 5:34 11 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218 96 5500 8 29 1 X M 2 F 26 NEW YORK 9a. FACILITY NAME (if not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1X YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2316 E. CHASE STREET 21213 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. \(\int\) NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ALFRO AMER. COMPLETED 16e. DECEDENT'S USUAL OCCUPATION

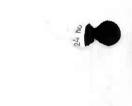
work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind at work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) LABORA once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) TOMMIE LEE PARLAND SR. ELIZABETH JOSEPH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELVOLIA ELIZABETH PARLAND 2316 E. CHASE STREET BALTIMORE, MARYLAND 21213 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burial 2 Cremation 3 Removal from State WESTERN' STAR CEMETERY 4 Donation 6 Other (Specify) 01-16-92 BALTIMORE MARYLAND 22. NAME AND ADDRESS OF FACILITY ESTEP FUNETAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: YES 2 NO 1 Dipetient 2 X ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 4:30 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 01/11/92 5 Pending SUBJECT STABBED P 1 YES 2 X NO BY 2 Accident 26e. PLACE OF INJURY — 3 Sulcide At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, 2000 E.chase street ED 6 Could not be Homicide determined LOCAL STREET COMPLET 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) end manner ea stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 01/12/92 O.C.M.E. 2 DEATH (ITEM 27) (Type, Print) 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. OATE FILEO (Mor

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		000260
1. DECEDENT'S NAME (First, Middle, La.	Fred	Pearson		2. DATE OF DEATH DAY 1/11/92	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 # M 2 F	64 YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. (HS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9/6/27	8. BIRTI	NPLACE (State or Foreign ny) S.C.
90. FACILITY NAME (It not institution, ghad in the second		9b.	Baltimore	DEATN 9c. (COUNTY OF C	DEATN
10e. STATE 10b. COU	NTY		wn or Location 1timore			10d. INSIDE CITY LIMITS? 1# YES 2 NO
100. STREET AND NUMBER 2503 Vic	olet Ave.		101. ZIP CODE 2121		CITIZEN OF V	WHAT COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 1 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mark 1 YES ## NO Spec		- 14. RACI Blaci AFT	American Indian, k, White, etc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)		L OCCUPATION one during most of working ed.) Disability	16b. KIND OF BUSINESS	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Cicero	Pearson			AME (First, Middle, Meiden Surnam		
190. INFORMANT'S NAME (Type/Print) Michael Lee Pe	earson			n Rd. Baltimon		. 21216
20e, METNOD OF DISPOSITION 1 GFBurlal 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	emoval from State	b. PLACE AND DATE OF DIS matery, crematory or other pi Mt. Zion	POSITION (Name of 1/18/92	OATE 20c. LOCATION	l – City or To	
21. SIGNATURE OF FUNERAL SERVICE	M. Osla			hers Funeral H aw Pl. Balto.		.A. 21217
23. PART I. Enter the decases, of shock, of ficart failur immediate Cause (Final disease or condition resulting in death)	e. List only one cause on	A CONSEQUENCE OF:	lar Acciden	it	arreat,	Approximata Interval Betwee Onset and Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):	arteriosc			
PART II. Other significant conditi	11 2	out not reaulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 VES 2 DINO	7	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ОТІ	26. PLACE OF OEATH (C	heck only one)		
27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 SER/Out 26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY	OCCURED	
2 Accident investigation 3 Suicide 6 Could not b 4 Nomicide determined	28 PLACE OF IN HID	Y — At home, ferm, street,		26f. LOCATION (Street and Num City or Town, State)	ober or Rural R	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY One) 2 MEDICAL EXAMI	/SICIAN: To the best of my know	riedge, death occurred at t	he time, date and place, and du	a to the ceuse(a) and manner as a time, data and place, and due to	stated.	
29b. SIGNATURE AND THE OF CERTIF	ser Oyeln	CH .	29c. LICENSE NU			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	COMPLETED CAUSE OF DE	T 300	Armon	Place B	aH.	14/213
JAN 1 199	32. REGISTHAR'S SIGN	Mandale	1	1	~	1 41 7-1-

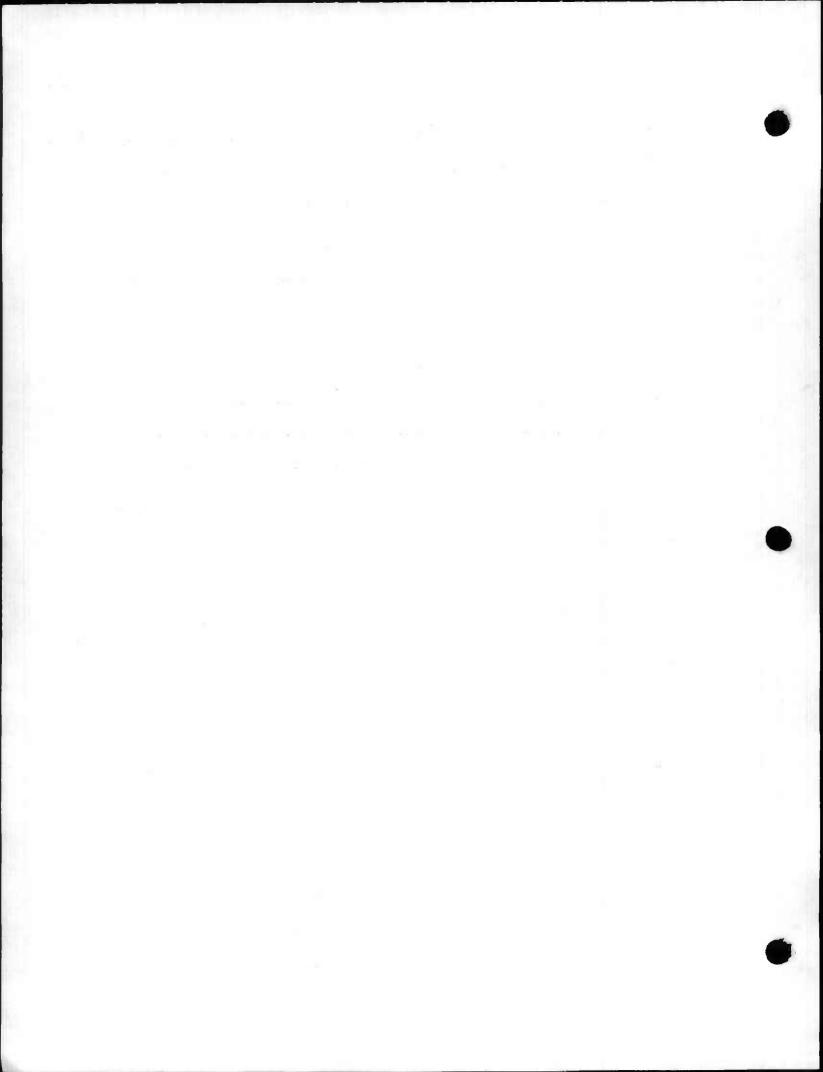


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TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospit	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit

1 - STATE REGISTRAR		STATE OF M	ARYLAND / DE CER			EALTH AN		AL HYGIEI	NE	C. V.	10724
1. DECEDENT'S NA	ME (First, Middle, Less Ha	Berth	My Peters	rs			2. DAT	E OF DEATH	DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURI 219-74-	9703	1 🗆 M 2 🔽 F	6. AGE (In yrs. lest birti 77 Y	RS. IF UNDE	DAYS	IF UNDER 24 H	(Mo	e of BIRTH rith, Day, Year) cch 25		8. BIRTNP Country)	LACE (State or Foreign
	SCOTT KE				y, TOWN o alti	more				TY OF DE	
Francis RESIDENCE C 10a. STATE Marylan	10b. COUN	10c. CITY, TOWN OR LOCATION Baltimore							INSIDE CITY LIMITS? XIX YES 2 NO		
7	lareway	Apt 7S				2121	3				IAT COUNTRY?
11. MARITAL STATU 1 XXNever Married 3 Wildowed 4	2 Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES XXNO R OR DATES	13	If you an	ENDENT OF HI ecify Cuban, M 2XXNO S	exican Bund	IN? (Specify Ye Rican, etc.)		14. RACE - Black,	American Indian, White, atc.
Elementary/Seco	15. DECEDENT'S EO pecify only highest grad ondary (0-12)	College (1-4 or 5 +)	(Give kir life. Do f	ENT'S USUAL (and of work done HOT use retired.)	OCCUPATION during mo	ON st of working	16	Ib. KIND OF BL	JSINESS/INOL		
NA 17. FATNER'S NAME	CELL BRIDGE L-OL	NA	Disa	abled				-			
('000000000	Thomas P	otors						, Middle, Malder	,		
19a. INFORMANT'S	NAME (Type/Print)					ind Number or R	tural Floute Nu		vn, State, Zip	Code)	
20a, METNOO OF D	Peters (Brother)	472	27 Shar	nrock	Ave.,					
1X Burlet 2 C C 4 C Donation 5	Other (Specify)		cometery, cremetor, Holy Rec	y or other place leemer	Cen	netery	DA		ocation — c	,	
21. SIGNATURE OF	m AA	LANGE LANGE	90		Schin	o address on nunek f Brehms	unera	1 Home	s, Inc	c.	213
23. PART I. Enta	r the diseases, or	complications that List only one caus	causad tha death.	Do not ante	r tha mo	da of dying,	auch as ca	rdiac or rasp	iratory arra	ıst,	Approximata
iMMEDIATE CAU disease or cond resulting in deat	ISE (Final	c- F	a res								Onset and De
Z Sequantially list	conditions	· CAB	PR AS A CONSEQUEN								
Sequentially list if any, leading to cause. Entar UN CAUSE (Disease that initiated everesulting in deat	DERLYING or injury	a HT	R AS A CONSEQUEN								
resulting in deat		d. CHT		- J. J.							
PART II. Other s	ignificant condition	ans contributing to d	eath but not result	ing in the u	ndariying	cause giver	in Part i.	24a. WAS AN		24b. V	VERE AUTOPSY FINDIN
WEDICA WEDICA	msen to	Leton	(1 OUTEL					PERFO		9	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ž											
25. WAS CASE REFE EXAMINER? 1 YES 2 TAMINER OF DEL		HOPPITAL:	PR/Outpetlant 3 🗆 D	отне	R:	ACE OF OEATH					
27. MANNER OF DE		26a. DATE OF IN	JURY 28b	TIME OF	28c. INJ	5 Resider		SCRIBE NOW	NJURY OCCI	JREO	
Accident	5 Pending investigation	200 BLACE OF		INJURY M	1 Y	RK? 'ES 2 NO	N. S.			100	
3 Suicide 4 Nomicide	8 Could not be determined	building, at	NJURY — At home, for (Specify)	erm, street, fac	tory, office		281. LO C/h	CATION (Street or Town, State)	and Number o	or Aurai Rou	ite Number,
3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2	CERTIFYING PNYS	SICIAN: To the best of m IER: On the beals of axe	y knowledge, death or mination and/or invest	curred at the	time, data opinion, d	and place, and eath occured at	dua to the cr	suse(s) and ma a and place, ar	nner as atated	d, cause(s) a	nd manner as stated
296. SIGNATURE AN	O TITLE OF CERTIFIE					29c. LICENSE		5			fonth, Day, Year)
30. NAME AND ADDI	RESS OF PERSON W	HO COMPLETED CAUSE	OF OEATN (ITEM 27)	(Type, Print)				1	/		
21 DATE ET CO											
31. DATE FILED (Mon	IAN 1	32: REGISTRAR		SN=And	416						



46	physician.	funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
ALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attending physicial	should be detached for use as the
ALTIMORE, M	death. Page 6 may be n	tuneral director, page 5

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physical THE FUNERAL DIRECTOR: After this certificate has been signed by the demander of the funeral director, page 5 should be detached for use as the buriable within 2X and a set of the period of the purish of the puri
0005

	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF H		MENTAL	HYGIEN	E 9	2 (00925
	1. DECEDENT'S NAME (First, Middle, Last)		- OL	11111111	DAIL OI	DEATH	2. DATE	OF DEATH		3.	TIME OF DEATH
	Violet Elenore F	Robev					MONTH	DA		92 1	2.07 P M
			GE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	OF BIRTH	6.	BIRTHPLA	CE (State or Foreign
	212-36-4444	1 M 2 DF	66	YRS.	IONTHS DAYS	HOURS MIN.	2-9-	Day, Year)		Country)	a.
	9e. FACILITY NAME (If not institution, give stre	et and number)		1	9b. CITY, TOWN C	OR LOCATION OF DI			9c. COUNTY		
TOR	St. Agnes Hospital	1			Baltin	more Cit	У		N/	A	
DIRECTOR	Md •	N/A			town on Local	TION					1. INSIDE CITY LIMITS? Y YES 2 NO
4	10e. STREET AND NUMBER					. ZIP CODE			tog. CITIZER	OF WHA	COUNTRY?
FUNERAL	1006 S. Beechfield	d AveBal	timore	. Md.		2122	9		T.	S. A	
3		12. WAS DECEDENT EVI	ER IN U.S. ARM	IED	13 WAS DEC	ENDENT OF HISPAI	NIC OBIGIN	? (Specify Yes		RACE -	American Indian,
B	1 Never Merried 2 Married 3 SWidowed 4 Olvorced	FORCES? 1 1 N	OR DATES	/A	If yes, sp	NO Specif	en, Puerto R ý:	lican, atc.)		Specify:	White
요	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a, DEC	EDENT'S U	SUAL OCCUPATION ork done during mo	ON of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
Щ	Elementery/Secondary (0-12)	College, (1-4 or 5+)	life.	Do NOT use	retired.)	st or working					
P.	N/A	N/A	H	ousev	wife			N/A			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)		
BE (John Bowkosky					Mar	garet	?			
0	190. INFORMANT'S NAME (Type/Print) Mrs. Sandra Galvez	7.				ond Number or Rural					27 920
						netery, crematory or	Ave.		CATION - City		
	20s. METHOD OF OISPOSITION 1 Surfet 2 Cremetion 3 Remove 4 Onnetion 5 Other (Specify)	val from State	Cresti	äwn (Cemeter	y -120-9	2				ty, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE			-							0,
	a m	a 1. 3				Preder					
	G. Truman					timore,					
	23. PART i. Enter the dieeeses, or co shock, or heert feliure. L				ot enter the mo	de of dying, euc	ch ee cerd	llec or reep	iretory erres	t,	Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition		1 .								Onset and Death
	resulting in death)	Clostric	AS A CONSEO	epsis							hours
		·									
CERTIFICATION	Sequentially list conditions, b.	Retrope	ritone:	al cl	ostridi	al infec	ction				hours
AT	if sny, leading to immediate ceuse. Enter UNDERLYING	Infected									dave
윤	CAUSE (Diseese or injury that initiated events		AS A CONSEO								days
토	resulting in death) LAST										
빙											
AL	PART II. Other significent conditions	contributing to dea	th but not re	sulting in	the underlyin	g ceuse given in	Part i.	24a. WAS AN PERFO		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL							- 1	1 YES	2 NO		MPLETION OF CAUSE DEATH?
¥										1	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only on	10)			
SI		1 Inpatient 2 - ER	/Outpatient 3	□ DOA	OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	e 🗆 Othe	r (Specify)			
у РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		28b, TIME INJU	IRY WO	DRK? YES 2 NO	28d. OES	CRIBE HOW	INJURY OCCUI	REO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At hor (Specify)	me, farm, st	reet, factory, offic	:0	2ef. LOC City	ATION (Street or Town, State	end Number or)	Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one)		and the second								nd manner as stated.
0	2 MEDICAL EXAMINER									4.7	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	X	len			29c. LICENSE NU D3080					onth, Day, Year)

36. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randsee

31. DATE FILED (Month, Day, Year)

1 / JAN 17

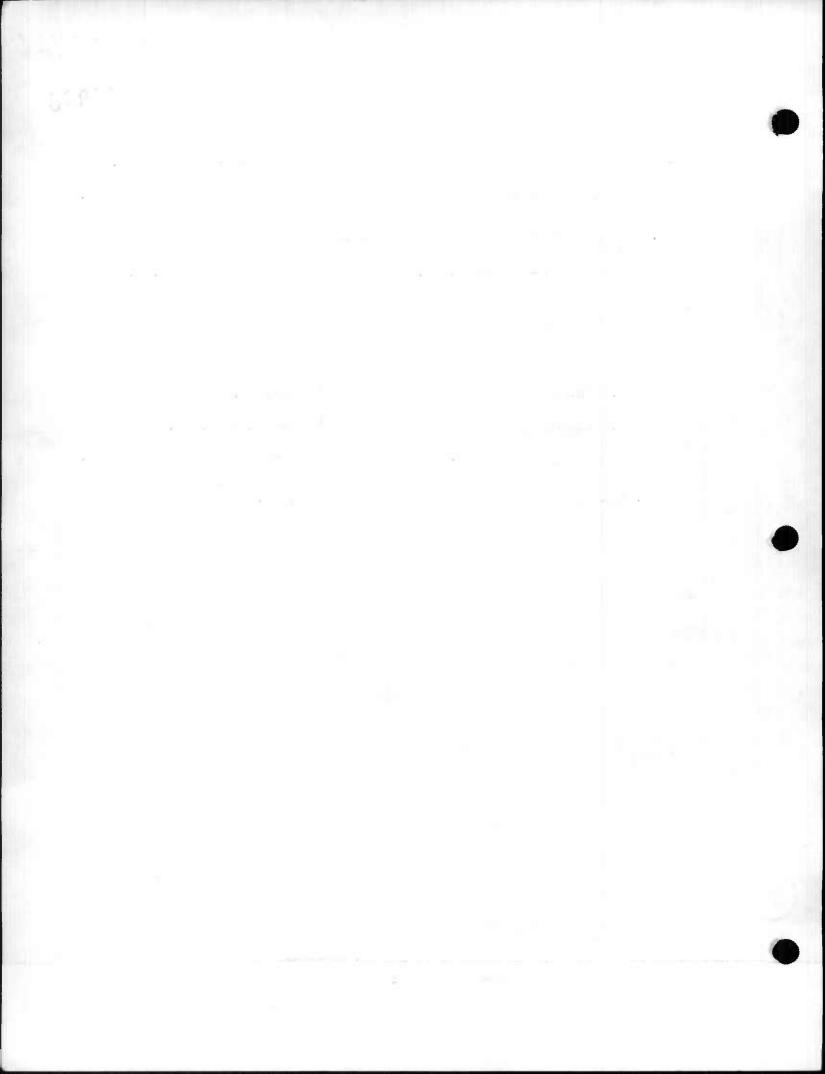
Jean M. Colandrea, M.D., St. Agnes Hospital, 900 S. Caton Ave., Balto, M.D.21229

DHMH-16 Rev 1/89

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25, nours after death. Page 6 n	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director
PHY	this
DING	After
ATTEN	ECTOR:
OR .	DIR
PITAL	ERAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Migdle, Last)	2	CERTIFI	CATE OF DEA		REG. NO.	3. TIME OF DEATH
ANNA	R-R	ITTE	ER-	MONT		15 090
4. SOCIAL SECURITY NUMBER 216-09-2414D	5. SEX 8. AGE (I	in yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN. 7. DATE (Mon	of BIRTH th, Day, Year) -16-07	BIRTHPLACE (State or Foreig Country) Md •
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCAT	ION OF DEATH	9c. COUNTY	OF DEATH
Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Bal	General Hosp	pital	Randallsto	wn	Balt:	imore Co.
10a. STATE 10b. COUNTY	Y	10c. CITY	TOWN OR LOCATION			16d. INSIDE CITY
	timore	Ca	tonsville			1 WES 2 NO
10e. STREET AND NUMBER 7431 Inwood Ave: 11. Marriad Status	nue-Baltimor	e. Md.	10f. ZIP COD		10g. CITIZE	S. A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		en, Mexican, Puerto	N? (Specify Yea or No— 14 Rican, atc.)	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION ork done during most of works	ina 16	b. KIND OF BUSINESS/INDUS	TRY
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) N/A	Housev	ork done during most of world retired.) vife		N/A	
17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAME (First,	Middle, Maiden Surname)	
Robert W. Fanton	m			Carrie I		
O 190. INFORMANT'S NAME (Type/Print)					nber, City or Town, State, Zip Co	•
Raymond F. Ritte			Inwood Aver		more, Md. 2.	
20a METHOD OF DISPOSITION 1 1 Donation 5 Other (Specify)	ioval from State	other place)	Cemetery 1	, -	Randalls	
21. SIGNATURE OF FUNERAL SERVICE LIC		00 01146	22. NAME AND ADDRE	ESS OF FACILITY		
G. Truman S	33		5151 Bal Baltimor		Vational Pik	е
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (OR AS A	A CONSEQUENCE OF):			
The second secon	ne contributing to death b	urt not requiting i	n the underlying enus	alvan in Doet I	24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FIN
PART II. Other algoriticant condition	Contributing to addit a	or not readily !	The underlying cause	given in Part I.	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
Z 25. WAS CASE REFERRED TO MEDICAL			24 81 405 05	DEATH (Check only	1	
EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM			EȘCRIBE HOW INJURY OCCU	RED
1 Netural 5 Pending 2 Accident Investigation			M 1 TYES 2			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm, a	treet, factory, office	28f. LO	CATION (Street and Number of y or Town, State)	Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EVAMINI	ICIAN: To the best of my know ER: On the basis of examination					
296. SIGNATURE AND PITLE OF CIRTIFIE				CENSE NUMBER		SIGNED (Month, Day, Year)
	in XII		8	D 3	7333 > 1	.11.92
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	SATH (ITEM 27) (Type,	Prigt)		-1 1 4 14	
C-NAVI	Lu. U	COH!	RAMITA	UST	OWN, M	10211-



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afth an	ows any injury
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has b	n 23
certificate has	r Iten
this certi	ked, or
	is mari
after (
L DIREC	Item 28
FUNERAL DIRECTOR: After Highlin 72 hours after death	PORTANT: If It
福	PORTAN

irs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

INTER HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

G-683 1/22/	h-										(12	009	27
1 - STATE REGISTRAR		STATE OF N		/ DEPART					MENTA	L HYGIEN	E	e line	500	in 1
1. DECEDENT'S NAME (Firs	t, Middle, Lest)						OLA.			OF DEATH			3. TIME OF C	EATH
JONATHAN		ark		RI	EDMA	M			0.1	. 09	AY	YEAR	2:3	8 B
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yra. I	est birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH			IPLACE (State of	x Foreign
216-33-40		1. M 2 🗆 F		YRS.	5	25	HOURS	MIN.	7-	15-19	991		land	
9a. FACILITY NAME (# not is					9b. CITY,	TOWN C	R LOCATE	ON OF D	EATH		9c. CO	JNTY OF D	EATH	
BALTIMORE		IY GENE	RAL HO	SP.							BAI	TIM	ORE	
10a. STATE	10b. COUNT	Y	-	10c. CITY,	TOWN O	R LOCAT	ION						10d. INSIDE (CITY
Md.				Ва	alti	mor	e						LIMITS?	3.7
10e. STREET AND NUMBER						101	ZIP COD	E			10g. CI	TIZEN OF V	WHAT COUNTR	
838 Nort	h Cha	pel Gat	e Lane	2		1 2	2120	7			Ū	JSA		
11. MARITAL STATUS 1. Never Married 2 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		RMED NO	11	yes, spe	ENDENT Cocify Cuba	n, Mexica	en, Puarto 1	7 (Specify Yea	or No—	14. RACI Blac Spec	E — American (k, White, etc.	
	CEDENT'S EDU		16e. D	ECEDENT'S U	SUAL OC	CUPATIO	N		16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5 +) Air	Give kind of wo le. Do NOT use	retired.)	uring mo:	at of working	Ŋ						
0				None	9					No.	one			
17. FATHER'S NAME (First, A		2 -								liddle, Malden		-		
Thomas L.		ond Jr.								Mari				
Roshanne M		Padmand		9b. MAILING A										0100
200, METHOD OF OISPOSIT		Rediiona	-					ST G					Md.	2120
1 LA Buriel 2 Cremetic	on 3 🗆 Ram	oval from State	camatary co	AND DATE OF	ar alaaal) = -al-	OATI			-		2
21. SIGNATURE OF FUNERA		NISEE	LALDO	icus i			D ADDRES			LJ, AL	but	IS M	aryla	na
Do	wi	Je C.	You	heo	46	511	Par	k E	leigh	nts A	ve.	Bal	nes F	.H. Md.1
23. PART I. Entar the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	SUDDEN	sa Dn a <i>d</i> sun iin	DEATH	SYN			ng, suc	ch ss csrd	isc or respi	ratory si	rest,		imate I Between and Death
Sequentially list condit if any, leading to imme cause. Enter UNDEALY	diate ING	DUE TO	(OR AS A CONSE	OUENCE OF):										
CAUSE (Disease or Injuthat Initiated events resulting in desth) LAS	т	DUE TO (OR AS A CONSE	OUENCE OF):										
PART II. Other significa	nt condition	s contributing to	death but not	sasultina in	the read	l a alcelar a			5 I					
			Joann Dat Not	resutting in	THE ONG	ieriying	cause g	iven in	Part I.	PERFOR	MED?	24b.	WERE AUTOPS AVAILABLE PRI COMPLETION (OF DEATH? 1 YES 2	OF CAUSE
25. WAS CASE REFERRED T	D MEDICAL													
EXAMINER?	O MEDICAL	HOSPITAL:	Call .		OTHER:		ACE OF DI	EATH (Ch	eck only one)				
1 X YES 2 NO		1 Inpatient 2 I		3 DOA 4	☐ Nursi	ng Home		aldenca	8 🗆 Other					
1 Natural 5	Funding	(Month, Da		28b. TIME INJUI	OF 2	28c. INJU WOI	RK?	1	26d. DEŞ	CRIBE HOW II	URY OC	CUREO		
	Could not be determined	28e. PLACE OF building, a	INJURY — At h	ome, term, atr			ES 2 [) NO	28f. LOCA City o	TION (Street a	nd Numbe	r or Rural R	loute Number,	
29a. CERTIFIER	IFYING PHYSA	CIAN: To the best of a	my knowledge 4	with accurred	et the ti	an abote	and after							

29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) O.C.M.E. 1/10/92

Wish PENN STREET BALTIMORE, MARYLAND 21201

32 REGISTRAR'S SIGNATURE GANDER **19**92

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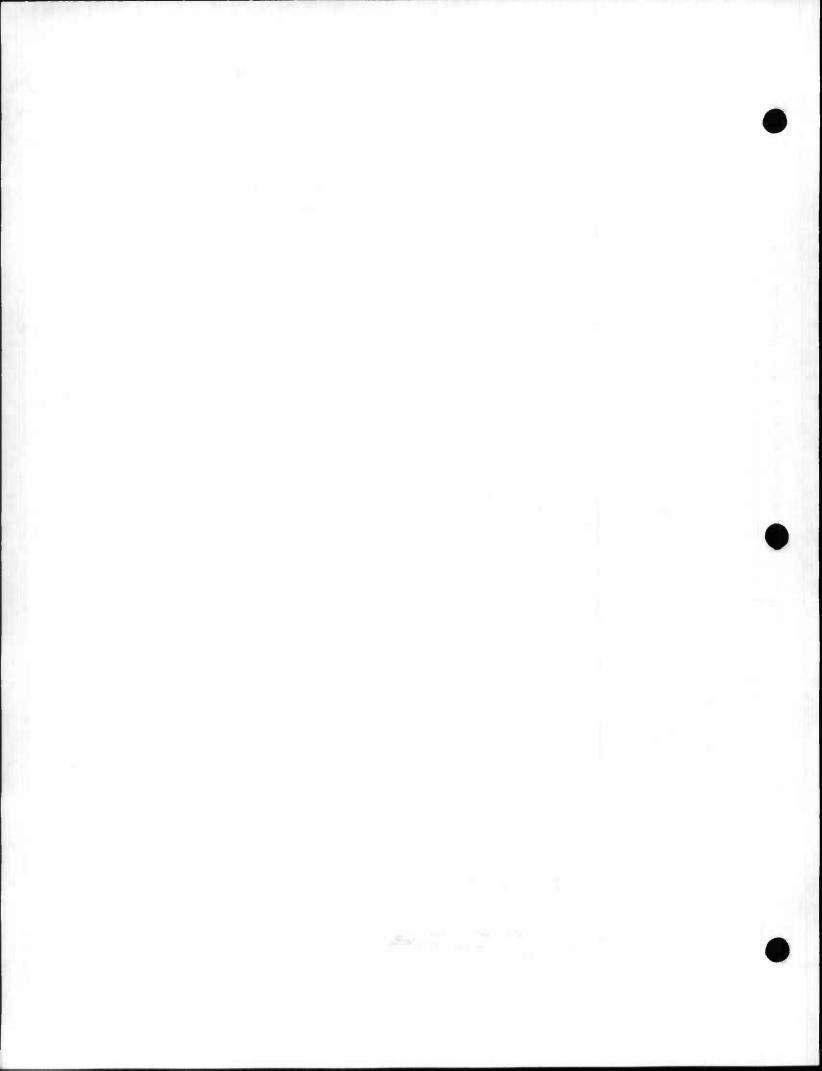
	1 - STATE REGISTRAR	OIME OF MA	CERTIF	ICATE OF	DEATH	REG. NO.	L		as the	U
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OBATH			3. TIME OF DEAT	гы
	Hugh Hunter Sla	ade				WUT - 1%	5 –	92AR	7:00 p	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		e formation	PLACE (State or Fo	M
	705-12-8032	1XXM 2 □ F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	/)	
	90. FACILITY NAME (If not institution, give		80			04-16-1			timore,	Md.
œ					OR LOCATION OF DI	EATH		NTY OF DE		
5	104 Murdock Road	100		Balti	more		Ва	altim	ore, Co	
EC	10e. STATE 10b. COUNT	Y	10c CI	Y, TOWN OR LOCA	TION					
DIRECTOR	Maryland Balt	imore Coun							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Imere coun	Ly .	Baltimor	E I. ZIP CODE				1 YES 2 X	NO
M	104 Marada ala Basat			10			10g. CITI		HAT COUNTRY?	
FUNERAL	104 Murdock Road	La una accesaria			21212			U.S.		
	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS OECEDENT OF HISPANIC ORIGIN? (Specify Y. If yes, specify Cuben, Maxican, Puerto Rican, etc.)							14. RACE Black	- American India	en,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	2 XNO Specify	γ:		Specif	White	
	15. OECEDENT'S EDU	ICATION	Las DECEDENTIA	USUAL OCCUPATE					white	
	(Specify only highest grade	e completed)	(Give kind of	work done during mo se retired.)	ost of working	16b. KIND OF BUS	INESS/IND	USTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		em.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2 yrs.	Freign	Claim A		Railro				
	The second secon					ME (First, Middle, Malden	Surname)			
BE	Elder Slade 190. INFORMANT'S NAME (Type/Print)				Lillia				mith	
٩						Route Number, City or Town				
	Maryland W. Slad		104 N	lurdock l	Rd. Balt:	imore, Mary	land	212	12	
	20e, METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Rem	lovat from State	20b. PLACE ANO DATE			OATE 20c. LOC	CATION —	Cify or Tov	vn, State	
	4 Donetion 5 Other (Specify)		Druid Ric			l/ /92 Pil	esvi	lle,	Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE 1_	2011		D AOORESS OF FA	edefeld Hon				
	John G. Reit	Tother	UKOU,							4.0
	23. PART I. Entar tha disasses, or	complications that c	aused the death. Do	not antar the mo	da of dylng auci	d. Baltimor	etop, em	aryı	Approxima	
	arrock, or maart fanura.	List only one cause	on each line.	V .	. ^	^			Interval Ba	tween
	IMMEDIATE CAUSE (Final disease or condition	hinta	Nation	12100	000	Carci	[1]	110	Onaat and	
	resulting in death)	a. PUE TO (OI	AS A CONSEQUENCE O	AUD	Muc	WILL	V(C)	MY	140	OR_
_		302 10 (01	AS A CONSEQUENCE O	r):					1	
O	Sequantially list conditions,	b	R AS A CONSEQUENCE O	D.					-	
AT	If any, leading to immediata cause. Enter UNDERLYING	132 17 (6)	, no n dondedocinos d	. ,.						
윤	CAUSE (Disease or Injury that initiated avents	C. OUE TO (OF	AS A CONSEQUENCE OF	n.						
E	resulting in death) LAST								i	
CERTIFICATION		d							<u> </u>	
	PART II. Other significant condition	a contributing to da	ath but not reauiting	in tha underlying	cause given in	Part t. 24s. WAS AN			WERE AUTOPSY FII	
DICAL						PERFORI			AVAILABLE PRIOR 'COMPLETION OF C	
삘						1 🗆 YES 2	Nuo		OF DEATH?	
-						_			1 TES 2 N	10
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ock onto one)				
읈	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 DOA	OTHER:						-
Ë∥	27. MANNER OF OEATH	26e. OATE OF INJ			5 (M.Reeldence					
	1 💢 Natural 5 🗌 Pending	(Month, Day,		URY WO	RK?	28d. DESCRIBE HOW IN	JURY OCC	UREO		
ă I	2 Accident Investigation	280 BLACE OF IA	HIDY ALL TO		ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	iJURY — At home, farm, s (Specify)	areet, rectory, offic	'	281. LOCATION (Street et City or Town, Stete)	nd Number	or Rural Ro	oute Number,	
COMPLETED	200 OFFICIENT 1									
릴	29e. CERTIFIER (Check only one)	CIAN: To the best of my	knowledge, death occurre	ed at the time, date	and place, end due	to the cause(e) end mane	ner ee state	ıd.		
ξ.	2 MEDICAL EXAMINE	R: On the basis of exam	inetion end/or investigation	n, in my opinion, d	esth occured at the	time, date end piece, end	due to the	ceuse(e)	and menner ee st	ated.
	295. SIGNATURE AND ATLE OF CERTIFIES	1/-	1 .1	1	29c. LICENSE NUM	BER	29d DATE	SIGNED (Month, Day, Year)	
BE	Allerke	1 Kal	419 10	1)	151	55460	1	1-1-	7-95	
유	30. NAME AND AODRESS OF PERSON WH	O CONNETED OFFISE	DEATH (ITEM 27) (EVDE.	Print)	21 12	100	BI	1		
	Charles A	. Padal	M WD	Print) 56	ROG	Haven	Bli	rec ,	>1270	, [
	31. DATE FILED (Mapth, "Pay, Year)	P32/ REGISTRAR'S	SIGNAPURE		Pall	J.MOON 6	M	m>	21239	
1	.IAN 1 1992	guna Davids	SIGNAPORE COLOR							

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached oval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO HE TO MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO WE FULLING UNESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by more acceptance of the signed of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN	16	- 00929					
1. DECEDENT'S NAME (First, Middle, La NO		Spence	r	2. DATE OF DEATH	15, 195	3. TIME OF DEATH 5:01am					
4. SOCIAL SECURITY NUMBER 214-22-7836	1 🗆 M 2 📈 F	(In yrs. leaf birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	disant Con Manie							
90. FACILITY NAME (If not institution, give street and number) Maryland General Hosptial 9b. CITY, TOWN OR LOCATION OF DEATH Ballimore City 9c. COUNTY OF DEATH Ballimore City											
MATYIAND GET RESIDENCE OF DECEDENT 100. STATE 100. STREET AND NUMBER 4019 Fairview Av 11. Marrial status		10c. CITY, TOWN OF			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO						
10e. STREET AND NUMBER		Daic	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO It	21216 AS DECENDENT OF HISP/ yes, specify Cuben, Mexic	en, Puerto Rican, etc.)							
3 Widowed 4 Divorced	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: Specify:										
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Leat) Thomas Henson											
17. FATHER'S NAME (First, Middle, Last) Thomas Henson			Rebeco	AME (First, Middle, Maiden a Phillips	Surname)	· · · · · · · · · · · · · · · · · · ·					
Linda Spencer	The state of the s										
20s. METHOD OF DISPOSITION 1/2 Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of corpolary, cremptory or other place) King Memorial Park 20c. LOCATION — City or Town, State 11892 Randallstown, Md											
21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue										
23. PART I. Enter the diseases, of ahock, or heart failur	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest,										
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	IMMEDIATE CAUSE (Finel disease or condition Cardiac arrythmias										
Sequentially list conditions,	Due to (or as a consequence of): Vascular heart disease										
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificant condition	II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ▼ NO										
	1 Tes 2 K) NO 0FC										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Xinpetient 2 ER/Outs	OTHER									
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		26c. INJURY AT WORK?		8 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED						
2 Accident Investigatio 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY	— At home, term, atreat, tector	1 YES 2 NO	261. LOCATION (Street City or Town, State)	of end Number or Rural Route Number, fe)						
	YSICIAN: To the best of my know	ledge, death occurred at the tim	ne, date end place, end du	to the couse(s) and ma	mer se stated.						
2 MEDICAL EXAM	INER: On the besis of examination	n and/or investigation, in my op	Inlon, death occured at the	time, date end piece, en	d due to the cer						
296. SIGNATURE AND TITLE OF CERTIF	Salli		29c. LICENSE AU	MBER	≥ 1/	NED (Month, Day, Year) 15/92					
30. NAME AND ADDRESS OF PERSON Tarek Salkin:	i, M.D.		land Genera	1 Hospital							
JAN 17 199	2 June Laujaco	n-handalls									



BALTIMORE, MARYLAND 21215-0020

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th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	served or item 22 chause say injury as other transmission and the mediani and included
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	92-0226- Thomas 2		TT 27	2 02	1- ~ 3 ~	£ 20	BAT	70 0 001	99) ()	1000
	REGISTRAR	eb state of i	MARYLAND /	/ DEPAR	, b, c, a, e, RTMENT OF H FICATE OF	HEALTH	AND I	MENTAL HYGIEN REG. NO	IE .	. Ut	930
	1. DECEDENT'S NAME (First, Middle, Last) MARVIN	RAITE	N O N			2. DATE OF DEATH		きせっ	TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 218-58-6256	5. SEX	6. AGE (In yrs. les	AGE (In yrs. lest birthday) F UNI YRS.		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-18-53		6. BIRTHPLA Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give			Y, TOWN OR LOCATION OF DEATH BALTIMORE CITY							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		TY, TOWN OR LOCAT	FION				1. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 1619 WARWICK AVE	ENUE			101	2121			1	EN OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 V YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14 If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	+) (G.	Sive kind of v a. Do NOT us	S USUAL OCCUPATION work done during most se retired.)	g	16b. KIND OF BUS	BUSINESS/INDUSTRY			
E COMP	12th UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) LEON STRAITEN UNEMPLOYED 16. MOTHER'S NAME (First, Middle, Meiden Surname) EOLA MACKEY										
TO BE	199. INFORMANT'S NAME (Type/Print) EOLA STRAITEN 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2466 TERRA FIRMA RD/BALTIMORE, MD 2122										
	20a. METHOD OF DISPOSITION 1 V Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cempejary, cremetary, or other place) 1 - 22-92 Crownsville, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LI	TEMPRE)		WM . C . N			н./1101 Е.	NORT	13VA H	NUE
	23. PARTY. Enfer the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, about, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscience of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
SERTIF	CAUSE (Disease or injury that initiated sventa resulting in death) LAST d										
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Acquired immunodeficiency Syndrome 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: X.X.										
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year)					ng Home X Residence 6 Other (Specify) 10. INJURY 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES 2 NO Undetermined				
	2 Accident investigation 3 Suitcide 6 Could not be detarmined 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) Residence 10 Accident investigation 10 Accident investigation 10 Accident investigation 10 Accident investigation 11 Accident investigation 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 16 Accident investigation 17 Accident investigation 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 16 Accident investigation 18 Accident investigation 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 16 Accident investigation 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 16 Accident investigation 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28- PLACE OF INJURY — At home, term, street, factory										
COMPLET	29a. CERTIFIER (Check only ane) 1 CERTIFYING PHYSI XX MEDICAL EXAMINE	CIAN: To the best of R: On the bests of a	my knowledge, dar xemination and/or i	ath occurre	d at the time, data a	and place, a	and due I	to the cause(a) and man	ner se stated	l. cause(a) and	manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	relet	ND			29c. LICEN		BER		SIGNED (Mon	
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	SE OF OEATH (ITEM			ET	BAI	LTIMORE, M	1ARYL	AND :	21201



32. REGISTRAR'S SIGNATURE

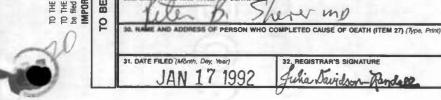
31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with an inous after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu helded within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)								992	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER	Molly Schainker 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1)					IT IMPER AL IMP	Jan.			A DUDTUE	LACE (State or Foreign
498-01-4753	1 □ M 2 □XF	6. AGE (In yrs. Ia.	YRS.		DAYS		7. OATE O (Morph) April	Day, Year)	1920	Pola	and
9a. FACILITY NAME (If not institution, give to 7708 Rocton Avenue RESIDENCE OF DECEMENT		9b. CITY, TOWN OR LOCATION OF DEATH Chevy Chase				9c. county of DEATH Montgomery					
10a. STATE 10b. COUNT Maryland Monto		10c. CITY, TOWN OF LOCATION Chevy Chase							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 7708 Rocton Avenu				101. ZIP CODE 20815				10g. CITIZEN OF WNAT C			NAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								RIGIN? (Specify Yea or No— 14. RACE Black			- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			USUAL OCC rork done du e retired.)	CUPATION uring most	of working	16b.	own home			
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S							AME (First, Middle, Melden Surname) Splisher				
				ILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8 Rocton Avenue, Chevy Chase, Md. 20815						315	
			and date of disposition (Name 1 Parts of Shell Emeth Cem.				The second ter Order Micros				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lica D. M. Clair Arlington, Virginia 22201											
23. PART 1. Enter the diseases, processors, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO		e. COUENCE OF	P):	the mod	e of dying, aud	ch ss card	lac or resp	iratory arr	est,	Approximate interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the					PER				FORMED? AMAILABLE PRICOMPLETION D OF DEATH?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTATE											
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence										
1 YES 2 NO 27. MANNER OF CEATH		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO						28d. OEȘCRIBE HOW INJURY OCCUREO			

29c GICENSE NUMBER 21910

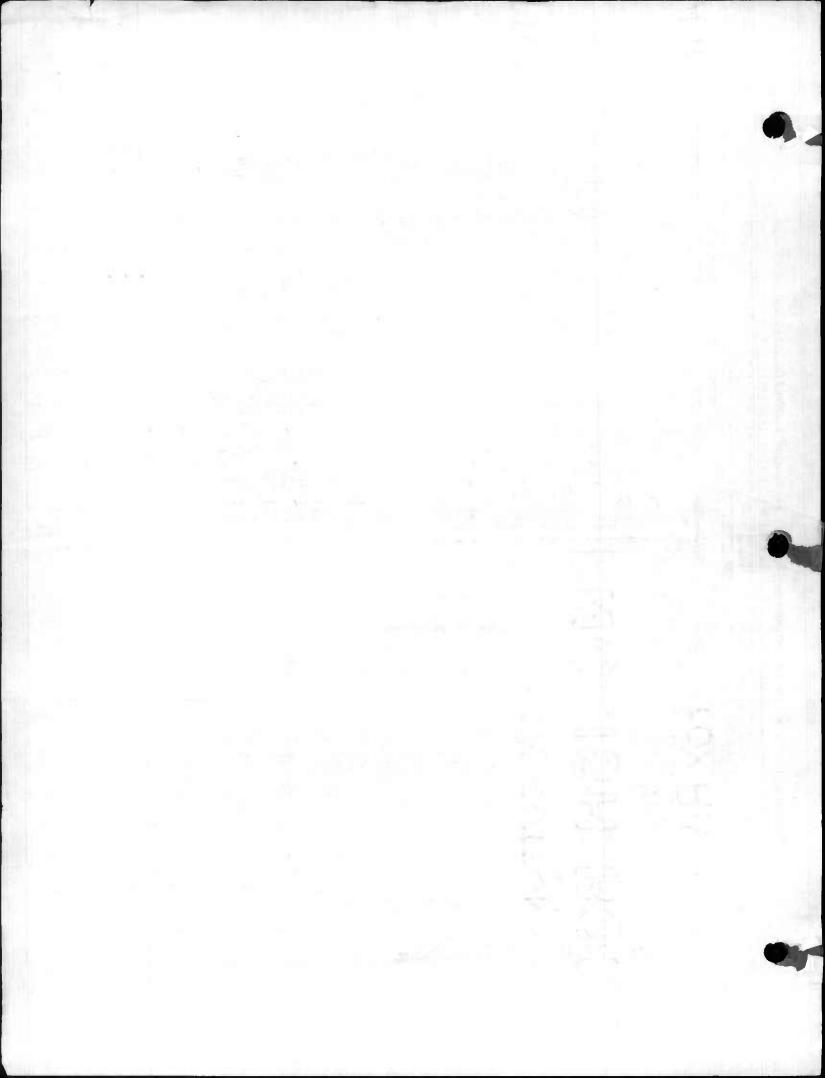


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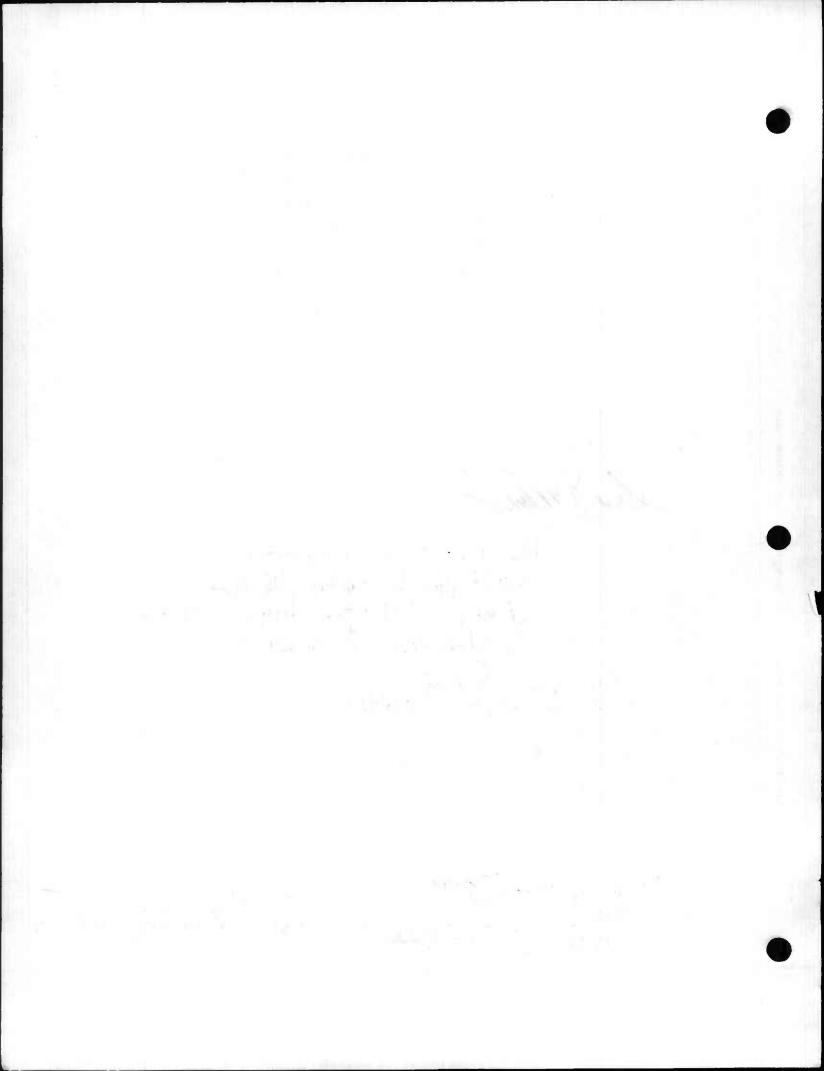


29d. DATE SIGNED (Month, Day, Year)

1 - /4 - 92



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	ton (00002		
	1. DECEDENT'S NAME (First, Middle, Lest)	A. TAZEWE			2. DATE OF DEATH MONTH DAY	YEAR 9 2	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 213-16-9188	5. SEX 6. AGE (In yrs. Inst b)		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-22-18	8. BIRTHI Country	PLACE (State or Foreign		
COMPLETED BY FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give si BON SCLOUM RESIDENCE OF DECEDENT 108. STATE 109. COUNTY	s Hospital	BAL	TIMERE		OUNTY OF DE	ATH		
	10e. STATE 10b. COUNTY		BALTIN	rore			10d, INSIDE CITY LIMITS? 1 . YES 2 . NO		
	20 10 0	Ave	- I	21216		И.	SA		
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	Il yes, spe	ENDENT OF HISPAN city Cuban, Maxicar 2 2/NO Specify	IC ORIGIN? (Specify Yea or No— n, Puarto Rican, atc.)	- 14. RACE Black, Specifi	- American Indian, White, etc.		
	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give	DENT'S USUAL OCCUPATIO kind of work done during mos h NOT use retired.)	N t of working	16b. KINO OF BUSINESS/I	NOUSTRY	200000		
	17. FATHER'S NAME (First, Middle, Last) Howard to	rewell	18. MOTHER'S NAM	WE (First, Middle, Meiden Surname))				
TO BE	190. INFORMANT'S NAME (TOPOPPINE)		1814 Bell		oute Number, City or Town, State,	//	21216		
	20e. METHOD OF DISPOSITION 1 Dauriel 2 Oremetion 3 D Remo	oval from Stale cemetery/cremet	DODATE OF DISPOSITION (New force of other place)	1	DATE 200, LOCATION				
	21. SIGNATURE OF BOHEFRAL SERVICE LIC	May 1	22. NAME AN	ADDRESS OF FAC	West wash	Ane.			
CERTIFICATION	IMMEDIATE CAUSE (Final	omplications that caused the death. List only one cause on each line. RECURIENT	•		ss cardiac or raspiratory	srrest,	Approximate interval Between Onset and Daath		
	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	Multiple	De Cubit		us Disea	12			
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to death but not result to the first terminal to the first terminal ter		causa givan in I	Part I. 24e. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	OTHER:	S Residence					
ву РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			28d. OEŞCRIBE HOW INJURY O	CCURED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, strast, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	Check only one) 29e. CERTIFIER 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, death	occurred at the time, data a atigation, in my opinion, de	and place, and due I of the occurred at the t	to the cause(a) and menner as a time, data and place, and due to	tated. The cause(a)	and manner as stated.		
TO BE	286. SIGN THE AND TITLE OF CENTIFIER	les Pars		29c. LICENSE NUM	BER 29d. D/	ATE SIGNED	Month, Day, Year)		
F	BERNOAGONESS OF PERSON WHICE	COMPLETED CADSE OF DEATH (ITEM 27	1) (Type, Print) W -	Bons	seoms lov	pi f	Pul 21 218		
	JAN 17 1992	32 gentation Richards	dalla						



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·	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	TMENT	OF HEA	LTH AI	ND MEN	TAL HYGIEN REG. NO		00333
3	1. DÉCEDENT'S NÂME (First, Middle, List) MARVIN WILL		(McKINLE)	/) WI	LLIAM	S		ATE OF DEATH	N 19	year 2 230 m
	4. SOCIAL SECURITY NUMBER 218-44-9014	1 M 2 🗆 F	E (tn yrs. last birthday) 45 vns.	IF UNDER		UNDER 24 I		TE OF BIRTH		BIRTHPLACE (State or Foreign Country) N.C.
TOR	98. FACILITY NAME (If not institution, give s CHURCH HOSPIT RESIDENCE OF DECEDENT		ATION		TOWN OR L				9c. COUNTY	Y OF DEATH
DIREC	10a. STATE 10b. COUNT	Y	10c. CIT	,	TIMOR					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 2003 FEDERAL STR	REET			10f. ZII	1213				1 (X) YES 2 NO N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:						Black, White, atc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u FORK L	work done d se retired.)	OPERAT	TOR		HILMAN	BREWE	TRY
BE	17. FATHER'S NAME (First, Middle, Lest) JAMES EDMOND 19a. INFORMANT'S NAME (Type/Print)				1	1AR Y	WILLI			
5	MARY WILLIAMS									9 APT. 241
	t X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	ob. PLACE AND DATE emetary, crematory or o	n FOI	rest 1	Vet.	ceiii.	20° LO	Owing:	y or Town, Stata S Mills, Md.
	Francis	1 to	SA	MI		ARCH	F.H./			H AVENUE
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	LIVER OUE TO (OR AS RENAL	A CONSEQUENCE OF	E Fi:	the mode	of dying,	auch ee c	erdiec or reapi	retory erreet	t, Approximete Interval Batween Onset and Desth
CAL	that initiated evants resulting in death) LAST PART II. Other eignificent condition	d,	A CONSEQUENCE OF		derlying ce	use give	n in Part i.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE
PHYSICIAN: MEDI								1 TYES 2	DE NO	OF DEATH?
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	ipatient 3 🗆 DOA	OTHER			Check only			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	1	28c. INJURY WORK? 1 YES	AT	28d. D	ESCRIBE HOW IN	JURY OCCUR	ED
	3 Suicida e Could not be detarmined	28a. PLACE OF INJUR building, atc. (Sp.	Y — At homa, farm, a ecify)	rreat, facto	ory, offica		281. LC	OCATION (Street a ty or Town, State)	nd Number or I	Rurat Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my known R: On the basis of exemination	wiedge, death occurre on and/or investigatio	n, in my op	ne, data and pinion, death	place, and	dus to the d	cause(a) and men	ner as stated. I due to the cr	suse(a) and manner as atated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER A - P - O O 30. NAME AND ADDRESS OF PERSON WHO	semi	EATH (ITEM 27) (Type,	D Print)	290	D /	73	22	29d. DATE SI	GNED (Month, Day, Year)
	CHURCH HOSPIT. 31. DATE FILED (Month, Day, Year) JAN 17 1992		BROADWAY		LTIMO	RE	MD.	21231		

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

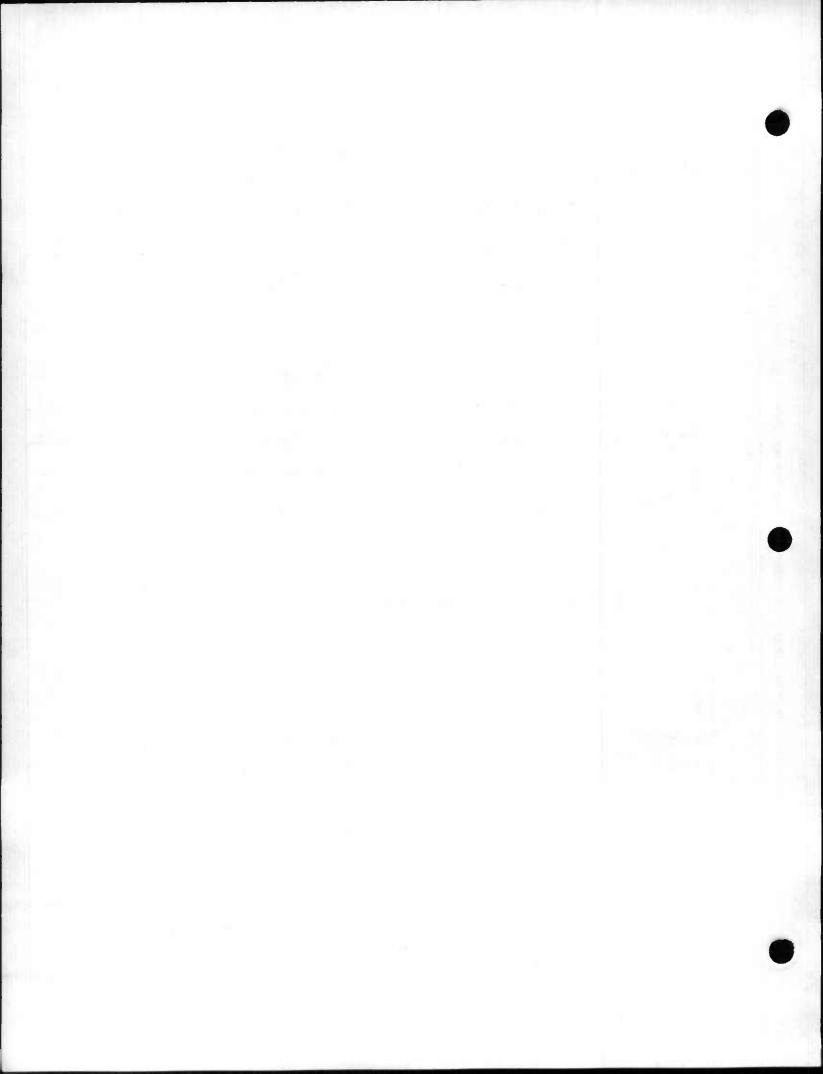
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THE HOSPIAL OF A LENDING PRINCIAN: THE TWO FEW THE PROPERTY OF THE FORTH OF THE HOSPIAL OF THE FORTH OF THE PROPERTY OF THE PR	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Panes 1.2 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cemation, or removal.	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must he metitied at once
2	TH O	be file.	IMPO

FOR 1 STATE	CTATE OF MADVI AND					
REGISTRAR	STATE OF MARYLANI	D / DEPARTM	ENT OF HEALTH AND ATE OF DEATH			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Nancy 4. SOCIAL SECURITY NUMBER	5	02.11111.07	TE OF BEATTI	REG. NO 2. DATE OF DEATH MONTH		3. TIME OF DEATH
Nancy	Whitaker			1-13	0	2 415 9
\$15-14-8550	1 - M 2 XF 8	YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 3-23-/	0	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give st Balto. C. CENC RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY H. A.		tal 96.	CITY, TOWN OR LOCATION OF			Y OF DEATH
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	stord	ITAK	RELESVIII	e. Nd.		1 TYES 2 NO
10. STREET AND NUMBER 16.22 (TAPPET) 11. MARITAL STATUS	tsville RA	Aλ	31A91		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Ye	s or No — 14	S. A.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cuban, Maxi 1 TYES 2 NO Spec	can, Puerto Rican, etc.)		Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work of life, Do NOT use retir	lone during most of working	16b. KIND OF BU	SINESS/INDUS	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Food	Handler	14	1 SPI	421
17. FATNER'S NAME (First, Middle, Last)	1, .		18. MOTHER'S N	IAME (First, Middle, Malder	Surname)	
19a. INFORMANT'S NAME (Type/Print)	Ndlain		Many	Ella. MC	WILL	a.MS
EVPVP++ C.K	LAMBERS	1/22. TO	RESS (Street and Number or Aura	Pl Toute Number, City or Tou	vn, State, Zip Co	
20a. METNOD OF DISPOSITION 1 W Burlel 2 Cremetlon 3 Remo	20b. PLA	CEAND DATE OF DIS	POSITION (Name of	DATE 20c. LC	CATION — CIT	P. M. d. 2/18
4 Donation 6 Other (Specify)	Anh	cremetory or other pl	en. Park	18-92 Ar	butus	s, Md,
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF F	FACILITY CS ///	CKF.	H.
23. PART I. Enter the/diseases, for co	Collick		2431 E, 0/1	ier St. B.	2/20.	Md, 2/2/3
iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List Drily Drie couse on each l		:/			Onset and De
	OUE TO (OR AS A CON	SEQUENCE OF):	in Hemon	hage See	ondon	y to
Sequentielly list conditions.)		as Hemore	haze See Ortenors	leves	y to
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON		as Hemon	haze See artemoso	endun	y to
If sny, leading to immediate	DUE TO (OR AS A CON	ISEOUENCE OF):	Can Hemore	hage See artenors	endun	y to
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON	ISEOUENCE OF):	Can Hemory	hage See artenors	ondern lever	y to
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):				7 to
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):		n Part f. 24a. WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDIR AMAILABLE PRIOR TO COMPLETION OF CAUS
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):		n Part i. 24a, WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions Covariant and significent conditions	DUE TO (OR AS A CON	ISEQUENCE OF):	e underlylng ceuse given in	n Part i. 24a. WAS AN PERFO!	AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions Covariance are ferenced to MEDICAL EXAMINER?	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to death but no	ISEOUENCE OF): ISEOUENCE OF): Ot resulting in the	o underlying ceuse given in 26. PLACE OF DEATN (C	n Part i. 24a. WAS AN PERFOI 1 □ YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINOIR AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions Coverney ar Jens 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CON DUE TO (OR AS A CON CONTRIBUTING TO GESTA CON DUE TO (OR AS A CON CONTRIBUTION TO CONT	ISEOUENCE OF): ISEOUENCE OF): Ot resulting in the	26. PLACE OF DEATN (C	n Part i. 24a. WAS AN PERFOI 1 □ YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions Covariance and Jenus 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to death but no CONTRIBUTION HOSPITAL: A Inputient 2 - ER/Outpetient	ISEOUENCE OF): ISEOUENCE OF): Ot resulting in the	o underlying ceuse given in 26. PLACE OF DEATN (CHER: Nursing Home 5 - Residence	Part i. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions Covanaus arbune 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CON DUE TO (OR AS A CON CONTRIBUTING TO GESTA CON DUE TO (OR AS A CON CONTRIBUTION TO CONT	ISEOUENCE OF): ISEOUENCE OF):	26. PLACE OF DEATN (COMERCIA) 28. PLACE OF DEATN (COMERCIA) A SUBJECT OF DEATN (COMERCIA) 28. INJURY AT WORK? 4 1 YES 2 NO	Part i. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? NO NJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions Covernment of July 1 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Suicida 6 Could not be detarmined	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON CONTRIBUTION OF THE CON	ISEOUENCE OF): ISEOUENCE OF):	28. PLACE OF DEATN (C)	heck only one) 6 Other (Specify) 28f. LOCATION (Street City or Town, State) a to the cause(a) and ma	AUTOPSY IMED? NO NJURY OCCUP and Number or	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions Coverney of Jerus Jer	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON CONTRIBUTION TO	ISEOUENCE OF): ISEOUENCE OF):	26. PLACE OF DEATN (CONTROL OF	Description (Specify) 28d. Describe Now 28d. Location (Street City or Jown, State) a to the cause(a) and main at time, data and place, are	NJURY OCCUR	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED Rural Route Number,
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions Covernment of James 1 Cartificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 4 Normicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON CONTROL OF INJURY (Month, Day, Vear) 26a. DATE OF INJURY — At building, etc. (Specify) LIAN: To the best of my knowledge, it: On the basis of exemination and/	ISEOUENCE OF): ISEOUENCE OF):	28. PLACE OF DEATN (C)	heck only one) 6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) a to the cause(a) and mailed time, data and place, and IMBER	NJURY OCCUR	24b. WERE AUTOPSY FINDIN ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions COVERNIA OF SIGNIFICENT CONDITIONS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be defarmined 29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON CONTROL OF INJURY (Month, Day, Vear) 26a. DATE OF INJURY — At building, etc. (Specify) LIAN: To the best of my knowledge, it: On the basis of exemination and/	ISEOUENCE OF): ISEOUENCE OF):	26. PLACE OF DEATN (COMERCE NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description of the cause(a) and main attention of the cause(a) and main attention of the cause(a) and main attention of the cause(b) are attention of the cause(b) and the cause(b) are attention of the cause(b) and the cause(b) are attention of the cause(b) are attention of the cause(b) and the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(b) are attention of the cause(AUTOPSY IMED? NO NJURY OCCUR and Number or a d due to the ci 29d. DATE SI	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No RED Rural Poute Number, BUBB (a) and manner as stated IGNED (Month, Day, Year) 3 9 2





	CONTROL OF CONTROL OF
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ri
or death. Page 6 may be retained by the hospital or attending physicia	TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92-0206-005 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, La	est)	9						2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEA	VTN
	Joann			Nade					0.1	13	1	992	3:15	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	190	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BI	RTN West		8. BIRTN Country	PLACE (State or I	Foreign
	218-88-8845	1 🗆 M 2 💢 F	27	YRS.	MONTHS	DATS	HOURS	MIN.	(Month, Day, 11-22	-196	4		yland	
œ	9e. FACILITY NAME (If not institution, gi				9b. CITY,	TOWN	OR LOCATIO	N OF DE	ATN		9c. COUN	NTY OF D	EATH	
DIRECTOR	3716 "E" Whit	epine R	oad		Cha	se					Ba	Iti	more	
<u> </u>	10e. STATE 10b. COU			10c. CIT	Y, TOWN O	R LOCA	TION					T	10d. INSIDE CIT	Υ
ä	Maryland Ba	ltimore		Ch	ase								LIMITS?	
AL	10e. STREET AND NUMBER						. ZIP CODE				10g. CITIZ	ZEN OF W	HAT COUNTRY?	,
FUNERAL	3716 E " White	Pine Road				1	21221				U.	S.A.		
ا ا	11. MARITAL STATUS 1 Never Married 2XX Merried	T EVER IN U.S. A	2 X NO It yes, specify Cuben, Mexicen			en, Puerto Rican, etc.) Black			- American Ind White, etc.	llen,				
B	3 Wildowed 4 Divorced	AR OR DATES	I ☐ YES 2 X NO Specify.						Specif	y:				
	15. DECEDENT'S E	140 D	60. DECEDENT'S USUAL OCCUPATION			16b. KIND OF BUSINESS/INDUSTR				White)			
COMPLETED	(Specify only highest gr Elementery/Secondary (0-12)	ade completed) College (1-4 or 5 d		Give kind of w le. Do NOT us	rork done d	uring mo	st of working	7	166. KIND	OF BUSII	NESS/IND	USTRY		
릴	7th Grade		7	lanicu					Se1	f-Em	ploy	ed		
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAM	AE (First, Middle,	Meiden Se	urname)			
BE (Delbert Lee Ste	ewart					Sar	ah L	ucia F	amul	aro			
ဥ	19a. INFORMANT'S NAME (Type/Print)								oute Number, Cit					
	Samuel F. Stew	art						; G1	en Bur					
	20a. METNOD OF DISPOSITION 1X Burlet 2 Cremetton 3 R	emoval from State	20b. PLACE	AND DATE O	FDISPOSI	TION /No	nme of	1 1		20c. LOCA				
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE VOLLE	Meado n E. Ec						6-92			ge,		
		NEV I	H E. EC	Ker									Md. 212	25
	23. PART i) Enter the diseases, (7						- 1					MG. 212	.23
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	QUENCE OF):									
MEDICAL	PART II. Other eignificent condition	ons contributing to	death but not	resulting in	n tha unc	lerlylng	cause gl	ven in F		WAS AN AL PERFORMI TYPES 2	ED?		WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATN?	CAUSE
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEA	ATH (Chec	ck only one)					
	1 X YES 2 NO	HOSPITAL:	ER/Outpatient		OTHER:		5 M Resi	idence (☐ Other (Spec	cify)				
5	27. MANNER OF OEATH 1 Netural 5 Pending	26e, DATE OF (Month, De	INJURY ly: Ypar)	26b. TIME	JRY_	28c. INJ	URY AT		26d. DESCRIB	HOW INJ	URY OCC	URED	1	-1
2	2 Accident Investigatio			Fou	S P	1 🗌 1	- 74		14/3	ect	su	fore	wee	0
3	3 Suicide 6 Could not be determined	200. PLACE Of building,	F INJURY — At hi atc. (Specify)	ome, term, si	reet, facto	ry, office		1	281. LOCATION City or Town	(Street and n, State)	wiff	or Plural No	sute Number	
	29a, CERTIFIER		home						3716"E				e Road	- 1
COMPLEIED	(Check only CERTIFYING PN	YSICIAN: To the best of INER: On the beels of ex											and menner ea a	stated.
2	2011 SIGNATURIN AND PITTE OF CERTIF	3.8					29c. LICEN						Month, Day, Year)	
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2	M. HAME AND ADDRESS OF PERSON	COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type,	Print)		U.C	. М.	15 .		01	14	1992	
	Frank J. Pere	etti. MD	1	11 P	nn	S++	oot	R -	1++	an a 1	M a	. 1	d 2120	,
	31. OATE FILED (Month, Day, Year)		R'S SIGNATURE		-1111	<i></i>		D &	T I E III D	LE	uary	rian	4 / 1 / 1	
	JAN 17 1992	Junia Dav	idson-Ran	dell										
		y.											DUMU 4	6 Pau 1/90



TO BE COMPLETED BY FUNERAL DIRECTOR

	afte	
	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
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DIVISION OF VILAL RECORDS, P.O. BOA 88789,	WE	
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TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		CATE OF		MENTAL HYGIENE	12 00930	
1. DECEDENT'S NAME (First, Middle, Lest)	(- D 1			777	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	
A SOCIAL SECURITY NUMBER	ncr Basti	n yrs. lest birthdey)			1 - 15	- 92 35 PM	
331-01-3071	1 M 2 X F		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give a	- 7		96. CITY, TOWN	OR LOCATION OF	4-25-10 DEATH 9	C. COUNTY OF DEATH	
Fallston Gen	CRAL HOSD	ital	Fa)	Iston		Hartord	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c, CITY	TOWN OR LOCA	TION		10d, INSIDE CITY	
Illinois			Peor			LIMITS?	
10e. STREET AND NUMBER				1. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?	
2921 Avalon Place			Total	61604		USA	
1 Never Married 2 Married FORCES? 1 YES 2 KNO			13. WAS DE	CENDENT OF HISP becify Cuban, Maxi	ANIC ORIGIN? (Specify Yes or can, Puerto Rican, etc.)	Black, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYE	S 2 NO Spec	offy:	Specify: White	
15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S I	USUAL OCCUPATI	ON out of warding	16b. KIND OF BUSINE	:SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during m e retired.)	out of montally			
12th grade 17. FATHER'S NAME (First, Middle, Last)		House	wite		Homemak		
William T. Modli	n			10.00	NAME (First, Middle, Melden Suri ilda Clough	tame)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		I Route Number, City or Town, S	tate, Zip Code)	
Fred Bastion		1209	St. Fra	ancis Rd	. Belair Md.	21014	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram		PLACE AND DATE		(Name	DATE 29c. LOCAT	ION Cify or Town, State	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Swan Lak	e Cemet		Peo	ria, Illinois	
82 POWERAL SERVICE LI	2	lene			Miruneral Ho		
6 Jasselle -	muice 1	TOME			r Rd. Kingsvi		
23. PART I. Entar the diseases, or shock, or heart failure.	List only one cause on as	tha daath. Do n ich ilna.	ot antar tha me	oda of dying, su	uch as cardiac or reapirate	intarval Batween	
IMMEDIATE CAUSE (Final disease or condition	0 1	۸	+			Onset and Death	
resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	1		minutes.	
	· Electrol	4te A	bosem	alitie	C	dave	
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	ONSEQUENCE OF): -			17	
CAUSE (Disessa or Injury	a hype	CONSEQUENCE OF	mia			Menths	
that initiated events resulting in desth) LAST	Mult	DIO I	101.01-	440		Months	
	d. //W/11	710 1	119210	ma			
PART II. Other significant condition				-	In Part I. 24a. WAS AN AUT PERFORME	D? AVAILABLE PRIOR TO	
Vichete) 11	Tellitus		1 145	4Theres	1 TES 21)		
- Type tens	en. It	nemia			-	1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. P	PLACE OF DEATH (Check only one)		
EXAMINER? 1 YES 2 YNO	HOSPITAL:	atient 3 DOA	OTHER:	me 5 - Residenc	e 6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. IN	JURY AT ORK?	284. DESCRIBE HOW INJU	JRY OCCURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, offi	Ce	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,	
29s. CERTIFIER A CONTRACTOR DATE	NOIAN TO BE A SECOND						
onel	SICIAN: To the best of my knowlers ER: On the bests of examination					r as stated. us to the cause(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE			, -,	29c, LICENSE N		9d. DATE SIGNED (Month, Day, Year)	
Mark	P Well 1	ria		D 35		1-15-92	
30. NAME AND ADDRESS OF PERSON WE	NO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	0 .			
Mark Wild 1	71) 620	Boulton	34	Bel.	Air Md	21014	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Alone	Sanda 98				

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TIM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	Illiam 20 is marked or item 23 shows any injury so others terrential money the market and item and

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32. REGISTRAR'S SIGNATURE the Devidon-Nundale

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Jacome Ty 164, Willie Mae 3. TIME OF DEATH 1992 willi Boyd 92 3:37 P 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH JUNE 3, 1928 1 - M 2 F DAYS SOUTH CAROLINA 251 44 7696 63 YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Maryland General Hospital DIRECTOR Baltimore CIty RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 707 DRUID PARK LAKE DRIVE 21217 U.S. OF A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
 T YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) N/A COOK COLLEGE 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) WILLIE JAMES RAGSDALE **ELIZA MOORE** BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ANGELA MABREY 707 DRUID PARK LAKE DRIVE BALTIMORE, MD. 21217 e 20e. METNOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State ZION CEMETERY Donation 5 Other (Specify) 1/21/92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 Lewis J. 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications the caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. ona cause on each lina.
Cardiopulmonary arrest Interval Between IMMEDIATE CAUSE (Final Onset and Death disease pr condition aldio ph monary assest 1 day reaulting in death) DUE TO JOR AS A CONSEQU Atheroscierotic cardiovascular disease CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): dislase CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Dehydration AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO Metobolic encephalopathy OF DEATH? Aabobic 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1) Inpatient 2 - ER/Outpatient 3 - DOA OTHER 4 - Nurs Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 26c. INJURY AT WORK? Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, streel, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be 4 🗌 Homicide determined 1 RECERTIFYING PNYSICIAN: To like bast of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or ition, in my opinion, death occured at the time, data and piece, end due to the ceuse(s) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNEDI/Month Day Year

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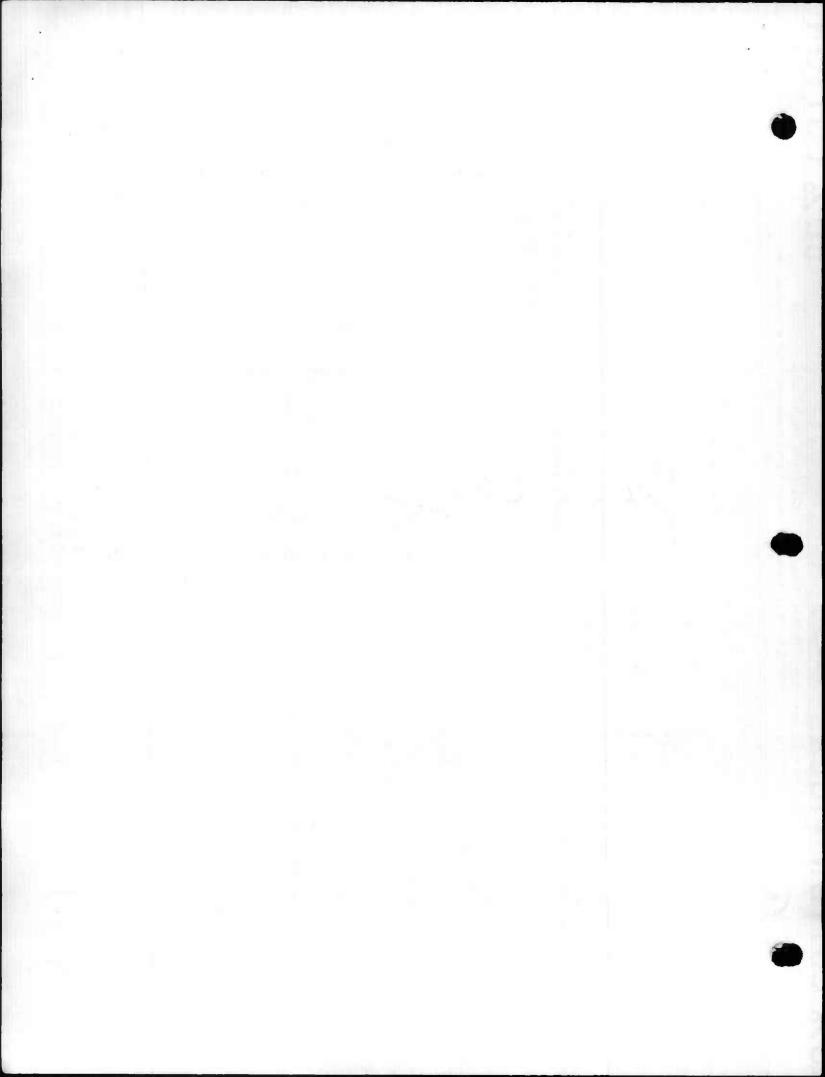
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HE. INCHESERY 1/21/92 BARTHANGERSON

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BALLIMORE, MAHYLAND	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	HE INVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached annual after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	perment: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BAL	in urs after death.	ely imed in by the funer nation, or removal.	, the medical exam
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	n certificate be executed with	THE INVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the	or other traumatic event
L HECONDS, P	law requires that the deat	has been signed by the atter Dept. of Health and Mental	23 shows any injury,
SION OF VITA	ITENDING PHYSICIAN: The	TOR: After this certificate hatter death with the State I	28 is marked, or item
NIG	THE HOSPITAL DR AT	HE HUNERAL DIREC	PORTANT: If Item

	1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, L	13 50 501	20.1.113	. PAMEA	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In v	7) VIX L II	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF SIRTH	1-92	BIRTHPLACE (State or Foreign
	212-32-5843	1 1 2 0 F 5	YRS. MONT		(Month, Day, Year)		Maryland
_	9e. FACILITY NAME (If not institution, g	ive street end number)	A/E 96.0	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	4 -1 75 170 19	Time V	NESIMINST	5n	C/	PROLL
REC	10e. STATE 10b. COI			VN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland C	arroll	wes	stminster		100 CITIZEN	1 YES 2 X NO
RA	1847 Old Westm	inster Road		2.1157	,		ed States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES		13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		or No— 14.	RACE — American Indian, Black, White, etc.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 YES 2 NO Specify			Specify: White
ED	15. DECEDENT'S (Specify only highest of		Se. DECEDENT'S USUA		16b. KIND OF BUS	I SINESS/INDUST	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin		E 0		
COMPL	12 years 17. FATHER'S NAME (First, Middle, Last		Supervis	sor for B.G. &	ME (First, Middle, Meiden		
	William Walter	, and a second s			Marguerit		k
O BE	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural			
	Mrs. Victoria			ilston Park Ro			
	5 Burial 2 Cremation 3 4 Donalton 6 Other (Specify)	Removal from State	ther place)	(Name of cometery, crometory or lawn Cemetery	· Comment	odlawr	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS OF FA	CILITY		
	· James	R Con	ren	Loring Byers 8728 Liberty			
23. PART I. Enter the disease, or complications that caused the eath. Do not enter the mode of dying, such as cardiac or respirate abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DCUTE YUCAPIDIAC INF.							Interval Between
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS A CO	ONSEQUENCE OF):				
CERT	reaulting in death) LAST	d					
CALC	PART II. Other algolificant cond	itions contributing to death but	not reaulting in the	underlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_					1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REPERRED TO MEDICA	v 1		OR DIAGE OF SEATURON			
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (Ch HER: Nursing Home 5 Reeldence			
Y PHYSICIAN: MED	27. MANNEP OF DEATH 1- Natural 5 Pending Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ЕО
TED BY	2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	t ba 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	261. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,
COMPLET	1-11	HYSICIAN: To the best of my knowled MINER: On the basis of examination e					euse(e) end manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERT	"Is Wallie	WM	D 29c. LICENSE NU	496	29d. DATE SI	114/92
F	DANIEL	WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Typo, Print)	2 M. Riff	子如	544	KIEN RO
	JAN 18 1992	Suns Davidson-Rand	URE Lebb.				



1	1. OECEDENT'S NAME (First, Middle, LA	est) E. Co	olema	m-	Bev			2. DATE OF DEAT MONTH	TH DAY	YEAR 92	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE			7. OATE OF BIRTH	H	6. BIRTHP	LANE (State or Foreign
12	204-38-8992	1 - M 2 X F	4	YRS.	MONTHS DA	AYS HOURS	MIN.	T/2	5/47	NORTH	CAROLINA
F	9a. FACILITY NAME (If not institution, g	ive atreet and number)		- 15	9b. CITY, TO	WN OR LOCATIO	N OF OEA	TH /	9c. COU	NTY OF OE	
L	STELLA MARIS H					Tows	on			Balt:	imore
- 12	RESIDENCE OF DECEDENT 10a, STATE 10b, COL			10c, CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
1	MARYLAND	BALTIMORE			ALTIMO						LIMITS?
1	10s. STREET AND NUMBER 8035 WOODGATE COURT APT. F					101. ZIP COOE		10g. CITIZEN O			
						212	207		U.S. OF A.		FA.
10	11. MARITAL STATUS	12. WAS OECEOEN	IT EVER IN U.S.		13. WAS	DECENDENT OF	F HISPANI	C ORIGIN? (Specif	fy Yea or No-	14. RACE	- American Indian,
	1 Never Married 2 Married		YES 2 WAR OR OATES	Жио		es, specify Cubar		, Puerto Rican, etc	c.)	Specify	White, atc.
Ľ	3 Wildowed 4 Divorced										BLACK
	15. OECEDENT'S I (Specify only highest g		16a.	(Give kind of	Work done during	JPATION ng most of working	g	18b. KINO O	F BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12) 0-12	College (1-4 or 5	+)	PRTVA		Y NURSI	9	PRIV	ATE FA	MILIE	S
h	17. FATHER'S NAME (First, Middle, Last)	0		- 1(2)			_	IE (First, Middle, Mi			
	WILBERT BARNES							IONES			
1	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S			oute Number, City o	or Town, State, Zie	Code)	
	MR. RONALD T. C	COLEMAN-BE	Y	8035	WOODGA	TE COU	T AF	T F P	BALTIMO	RE MA	RYLAND 21
L	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		20b. PLA othe MARY	CE OF DISPO	SITION (Name NATION	of cometery, cramping IAL MEM. ME AND ADDRES	/16/9 PK	22 20 LA			n, Stele
	1.P. Burlet 2 Cremation 3 1 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE 23. PART I. Enter the diseases,	Dr complications th	MARY Your	deeth, Do	NATION (Name NATION 22. NAI LEW 451	of cometery, came IAL MEM. ME AND ADDRES IIS T. (PK, PK, BS OF FAC GWYNN HEI(D2 LA ILITY N FUNERA GHTS AVE	AL HOME	D. Pr	15-6393 MARYLAN
4	1.P. Burlet 2 Cremation 3 1 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE 23. PART I. Enter the diseases,	or complications the	MARY Coused the	deeth. Do	NATION 22. NAT LEW 451 not enter the	of comotory, commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commendation of the commentation of the commendation of the commendation of the commentation	PK. PK. SS OF FAC. GWYNN HEI(ng, such	D2 LA ILITY N FUNERA GHTS AVE	L HOME B BALT reepiratory er	City or Tow D. Pr 212 IMORE rest,	n. State Geo. Co 15-6393 MARYLAN Approximate Interval Betwee Onset and De
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	23. PART I. Enter the disesses, shock, or heert fellulimmeDiATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the c	b. DUE TO d. HOSPITAL: 1 Impetient 2	MARY (y'csused the use on each I Status (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	deeth. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O	PICE IN THE PICE I	of cemetery, can IAL MEM. ME AND ADDRES IIS T. (1.7 PARK.) e mode of dyl MATORIA writing cause g 28. PLACE OF Di g Home 8 Re	PK. PK. SS OF FACE GWYNN HEI(ng, such given in F	FUNERA SHTS AVE se cardlec or 1 Part I. 24a. W PE 1 U Y	AL HOME BALT reepiratory er Cancin As an autopsy Enformed? Es 2 No	City or Jow D. PI 212 IMORE rest,	MARYLAN Approximate interval Betwee Onset and De Onset an
	23. PART I. Enter the disesses, shock, or heert fellul IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions or cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions, in any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. HOSPITAL: 1 Inpetient 2 286. DATE Of (Month, I	MARY (y'csused the use on each I Status (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	deeth. Do ine. SEOUENCE O	PICE OF 28 JURY ME OF 28 JURY ME OF 28 JURY MATION (Name of Name of cemetery, ognital MEM. ME AND ADDRES IS T. (17 PARK e mode of dyl MA FOY writing cause of the control o	PK. PK. SS OF FACE GWYNN HEI (Ing., such Gy Face given in F	FUNERA SHTS AVE se cardlec or I SICAS F Part I. 24a, W PE 1 U Y	AL HOME BALT reepiratory er CANCIN AS AN AUTOPSY PER 2 NO	212 IMORE rest, 24b.	MARYLAN Approximate interval Betwee Onset and De Onset an	
	23. PART I. Enter the disesses, shock, or heert felix immediate cause. Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death LAST PART II. Other significent conditions in death LAST 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF BEATH 1 Netural 5 Pending	Dr complications the contribution to the contributing to the contributing to the contributing to the contributing to the contribution to the contr	MARY y caused the use on each I S + Attu O (OR AS A CON O (OR AS A CON O death but no	deeth. Do ine. SEOUENCE C SEOUENCE C SEOUENCE C TO T resulting	PION (Name NATION NATION 22. NAI LEW 451 not enter the Flame	of cemetery, coming the property of the proper	PK. PK. SS OF FACE GWYNN HEI (Ing., such Gy Face given in F	Part I. 24a, We pe to ck only one)	AL HOME BALT respiratory er CANCII AS AN AUTOPSY ERFORMED? TES 2 NO WY HO Street and Number	212 IMORE rest, 24b.	MARYLAN Approximate interval Betwee Onset and De Onset an

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE was Daydoon frances

Alexander,

Carla S.

31. DATE FILEO (Month, Day, Year)

JAN 1 8 1992

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X BRUTTHORE BALTIMORE CALLY

ROSS MODICATE COURT APT. H 21207 1111 1

BOWNER.

CLIC CAT STAYIST SERVINGE CITAVIST TAVIST

CLORET DARKES EURA JOHES

NEL ROSALE Y DOLEMAN-MEY ROSS WOODGATE COMET AFT. P. BALTINGE, NEED 2120E

MARYLAND NATIONAL MEN. PK. LAUREL. W. Pr. Geo. Co.

LEWIS T. CHYPE PENERAL HOSE IS 115-6505 4517 PARK HELIGHTS AVE. BALTIMIN. MARYLAND

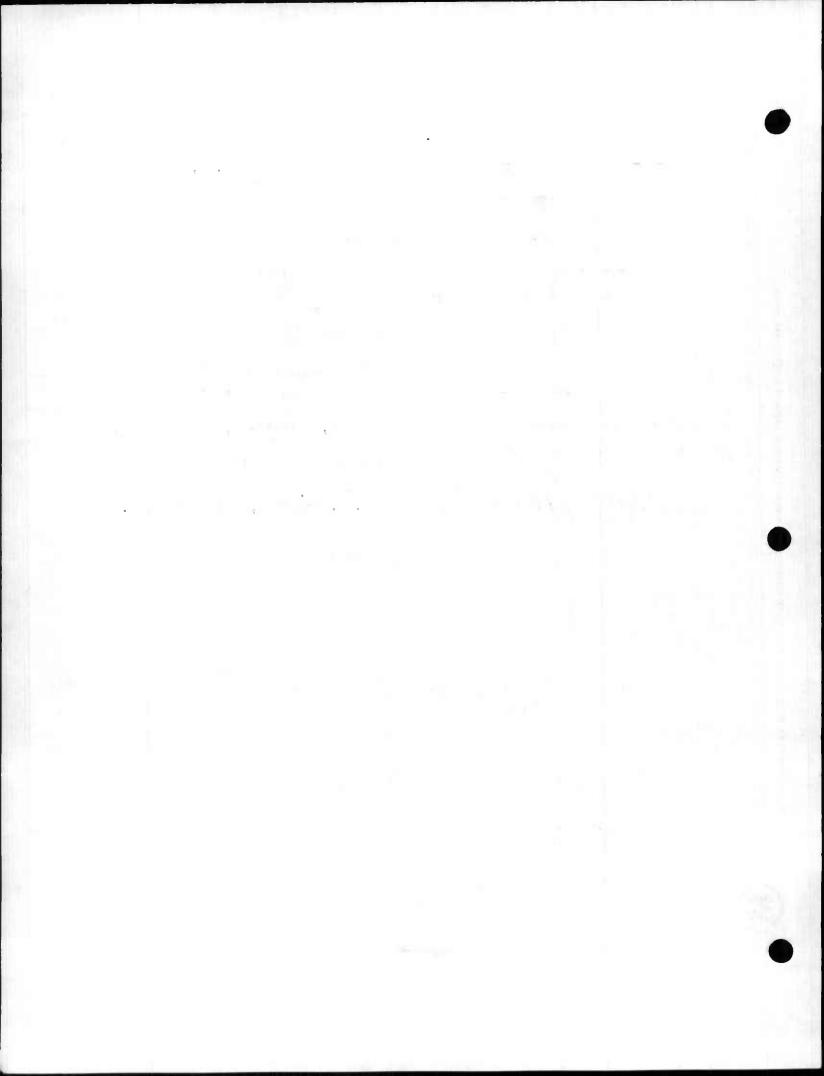
	Daniel Pages 1 2 3 should	Pinote of to the state of the s	
the hospital or attending physician.	detached for use as the hurtal-transit	10010	once.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit narmin pages 1, 2, 2 should	removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th certificate be executed within 24 noun	ending physician and completely filled in	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event, the me
SICIAN: The law requires that the death	certificate has been signed by the atte	h the State Dept. of Health and Mental	d, or Item 23 shows any Injury,
HE HOSPITAL DR AFTENDING PHY	E FUNERAL DIRECTOR; After this	led within 72 hours after death with	ORTANT: It item 28 Is marked

JAN 201992

			RTIFICA				REG. NO			3. TIME OF DEATH
E	essie	R.		COL	LINS		January	15.	1992	11:15 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		DER I YEAR	IF UNDER	_	7. DATE OF BIRTH		B. BIRTH	PLACE (State or Form
215–38–4504	1 ☐ M 2 😿 F	70	YRS. MONT	HE DAYS	HOURS	MN.	Sept. 28,	1921	Ma	ryland
9a. FACILITY NAME (If not institution, give :	street and number)		9b. 0	HTY, TOWN	OR LOCATI	ON OF DE			JNTY OF D	
Frederick Hea	lth Care	Center		Frede	erick			Fr	eder	ick
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	_									
Maryland Frede			Frede		TION					10d. INSIDE CITY
10e. STREET AND NUMBER	TICK		Trede		. ZIP COD			la constant		1 AVES 2 N
104 Mercer Court		#131A		100		2170	1		ISA	HAT COUNTRY?
II. MARITAL STATUS		T EVER IN U.S. ARI	MED	13 WAS DEC			IC ORIGIN? (Specify Ye	1		
Never Married 2 🔀 Married	FORCES? 1	YES 2300	0	If yes, sp	ecify Cuba	n, Mexicer	n, Puerto Rican, atc.)	a or No	Black	— American Indian, , White, atc.
3 Wildowed 4 Divorced	" 1E3, GIVE V	AR OR DATES		1 L) YES	2 XXVO	Specify			Speci	White
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	CEDENT'S USUAL	L OCCUPATION	ON pet of product	~	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	-)	ve kind of work do Do NOT use retire		or worker	W.				
10	0	H	omemake	r			Hor			
7. FATHER'S NAME (First, Middle, Last) Edward Alexander	Conton						ME (First, Middle, Malden			
	carter						et Virgini		_	m
90. INFORMANT'S NAME (Type/Print) Alice Faye Hokan	son	196	MAILING ADDR	ESS (Street a	nd Number	or Rural A	oute Number, City or Tow	n, State, Zi	Code)	04504
10a. METHOO OF DISPOSITION	5011					rter.	3-1A, Fred			
Burial 2 ☐ Cremation 3 ☐ Rem Donation 5 ☐ Other (Specify)	oval from State	cemetery, cren	ND DATE OF DISP natory or other pla	cel					City or To	
1. SIGNATURE OF FUNERAL SERVICE LIE	ENGEE	Derwe	ood Cem	etery			1/20 Der	wood	, Ma	ryland
meil	110	. /					ber Funera	ים ני	m o	
Mary	D-120	ure/		P. 0.	Box	5038	8. Laytons	71110	Md.	20882
23. PART I. Enter the diseases, or shock, or heert fellure.	complicatione tha	t coused the dec	eth. Do not en	ter the mo	de of dyl	ng, such	as cardiec or resp	Iratory ar	reet,	Approximate
MMEDIATE CAUSE (Finel	A Composite Con	A A	N	11						Interval Bet Onset and I
diseese or condition	· Ker	rel	Law	lun	0					13 NOA
	DUE TO	(OR AS A CONSEC	UENCE OF):							1 July
Sequentially list conditions	b									
Sequentially list conditions, fany, leeding to immediate	bDUE TO	(OR AS A CONSEQ	UENCE OF):							
f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c									
f any, leeding to immediate cause. Enter UNDERLYING	c	(OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQ								
f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c									
f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE OF):	underlyln	g cause g	Iven In F			24b.	WERE AUTOPSY FINE
f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF):	underlying VAS		lven in F	PERFOR	MED?	246.	AVAILABLE PRIOR TO
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Fany, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER DE-DEATH 1 Natural 5 Pending Investigation 3 Succide 8 Could not be detarmined Pa. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL	BUE TO d. S contributing to S CONTRIBUTING TO HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O building,	deeth but not re	DOA OTH DOA 4 DA 28b. TIME OF INJURY Me, ferm, street, f	26. PL Z8c. INJ Z8c. INJ Lectory, office	ACE OF OR	ATH (Checalidence 6) NO	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) o the cause(a) and mar	NJURY OC	CUREO or Rural Ru	COMPLETION OF CAU OF DEATH? 1 YES 2 NO
A any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF SEATH 1 Nistural 5 Pending Investigation 3 Suicide 8 Could not be detarmined Per Certifier (Check only) 1 CERTIFYING PHYSI	BUE TO d. s. contributing to s. contributing to s. contributing to s. contributing to s. contributing to s. contributing to local properties of the contribution of the contributi	deeth but not re	DOA OTH DOA 4 DA 28b. TIME OF INJURY Me, ferm, street, f	26. PL Z8c. INJ Z8c. INJ Lectory, office	ACE OF OE 5 Re- 1	ATH (Checalidence 6) NO	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 2 YE	NJURY OC	CUREO or Rural Ri ted.	AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

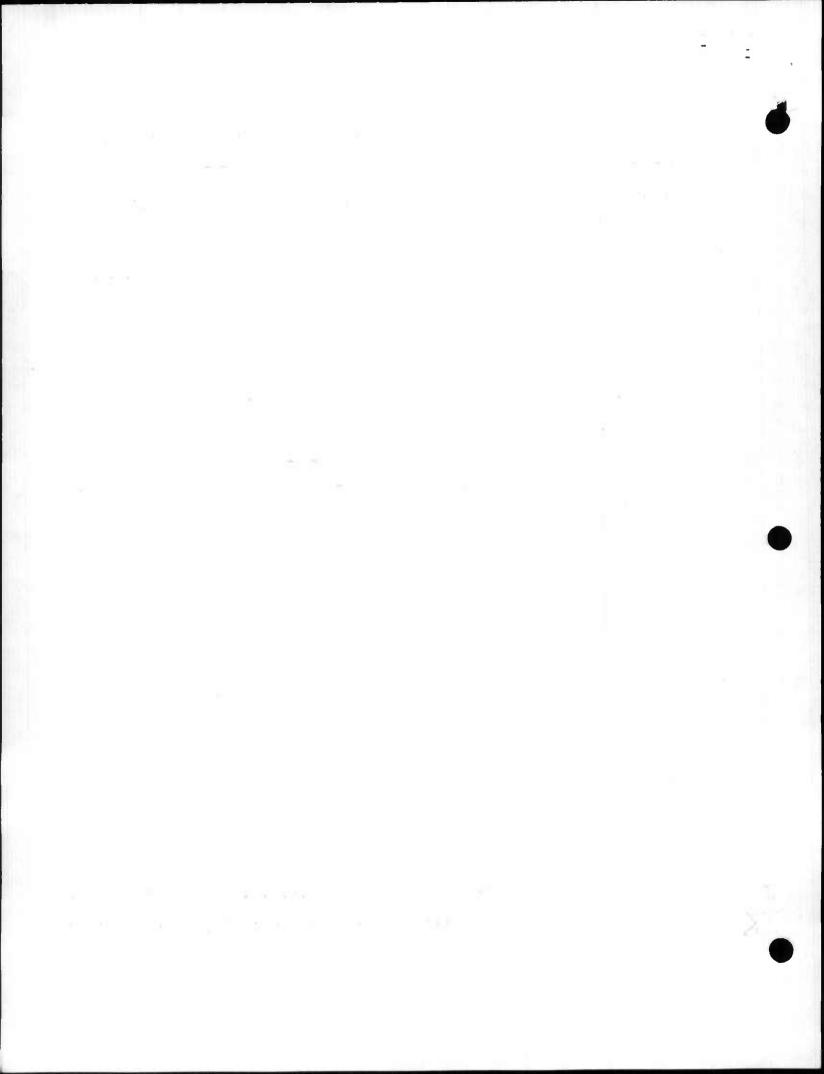
M.D., 801 Toll
32 REGISTRAN'S SIGNATURE
Juna Jandson-Randons

Tollhouse Ave., Frederick, Maryland 21701



			sit permit. Pages 1, 2, 3 should	
I	BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificant has been signed by the attending physician and completely filled in by the threral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Gept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	To be losertal on attending pursician. The law requires that the death certificate be executed within 24 if	TO THE FUNERAL DIRECTOR. Are this conflictor has been signed by the attending physician and completely filled in by the funeral within 22 hours after each with the Star Bept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If ten 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
) E		6	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTI	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	DOYLE 4. SOCIAL SECURITY NUMBER	REED 5. SEX			AMER	01 1	2 19	92 7:30 P M
	213-60-7001	5. SEX	6. AGE (In yrs. last birthday 31 YRS.	MONTHS DAYS		7. DATE OF BIRTH	4.0	BIRTHPLACE (State or Foreign Country) MARY LAND
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	7501 OAK AVE			FORT	HOWARD			IMORE
REC	10e. STATE 10b. COUN		10c. C	TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	MARYLAND B	ALTIMORE			RT HOWARD			1 TYES 2 NO
FUNERAL	7501 OAK AVENUE				101. ZIP COOE 21 0	52		U.S.A.
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Ye		RACE — American Indian,
8≺	1 Never Married 2 Married 3 Wildowed 4 X Divorced	IF YES, GIVE W	YES X NO	If yes,	specify Cuban, Maxica ES 2 NO Specif	in, Puarto Rican, atc.)		Black, White, atc. Specify:
臣	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind o	S USUAL OCCUPA work done during	TION most of working	16b. KIND OF BU	SINESS/INOUST	WHITE
COMPLETED	1 2TH GRADE	College (1-4 or 5 + N/A) Iffe. Do NOT	use retired.)	INSPECTOR	PROFESS	IONAL I	ELECTRONIC CO.
CON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	BURLIN D. CRAMER 190. INFORMANT'S NAME (Type/Print)		I as some			G. CRAMER		
10	FRANKLIN P. CRAM	ER	3016	DELMAR A	VENUE BA	Noute Number, City or Tow LTIMORE,	m, State, Zip Cod MARYLAI	VD 21219
	20s. METHOO OF DISPOSITION 1/A Burisi 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE	CEMETER!	Vame of 1-16-19	OATE 20c. LO		or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				ERAL HOME C		
	300M -	F. Coor	when.	7922	WISE AVE	NUE DUNDA	LK MD	21222
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. List only one caus	caused the deeth, Do se on each line. OSCICOTIC (OR AS A CONSEQUENCE	Card		lace Dis		Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	OR AS A CONSEQUENCE	OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	OR AS A CONSEQUENCE	DF):				
- 11	PART II. Other algnificent condition	na contributing to	death but not resulting	In the underlyl	ng cause given in	Part I, 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH? 1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-	W 105 05 05 05 05 05			
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	me 5 X Rasidenca			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF I (Month, Da	INJURY 28b, TII	WE OF 28c. It	JURY AT	26d. DESCRIBE HOW II	NJURY OCCURE	ED .
BY	2 Accident Investigation	26a, PLACE OF	INJURY — At home, farm,		YES 2 NO	201 0047/01/01		
9	4 Homicide 8 Could not be determined	building, a	itc. (Specify)	annut, rectory, on		28f. LOCATION (Street a City or Town, State)	ina Number or H	urai Houte Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 XMEDICAL EXAMIN	ER: On the best of su	my knowledge, death occur	red at the time, da	e and place, and due	to the cause(a) and men	ner as stated.	use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			SNEO (Month, Oay, Year)
TO BE	Dennis	1 Chur	te my		O.C.M			13/1992
F	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ	e, Print)			J 17	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	111 PE	NN STR	EET BAL	TIMORE, MA	ARYLAN	ID 21201
	(month, way, rout)		is SIGNATURE	andala.				
	JAN 18	3002	AND FAMILIES 1	Charles and Charle				DHMH-16 Rev 1/89



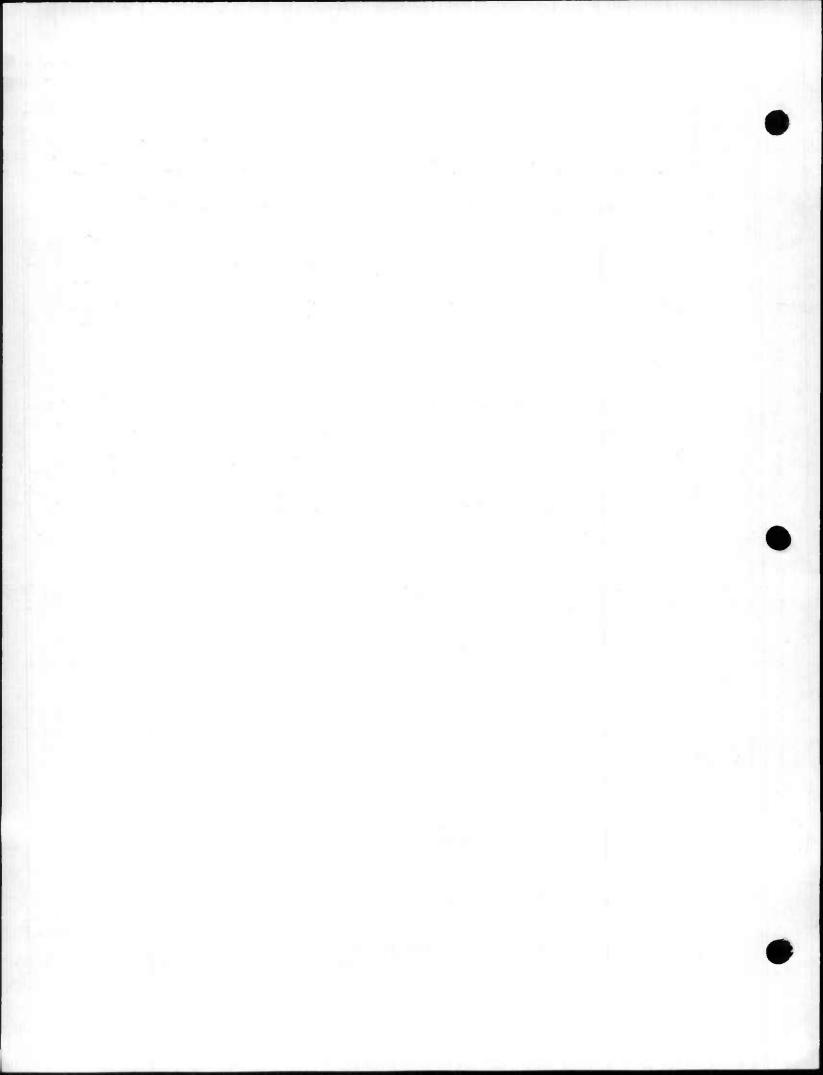
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

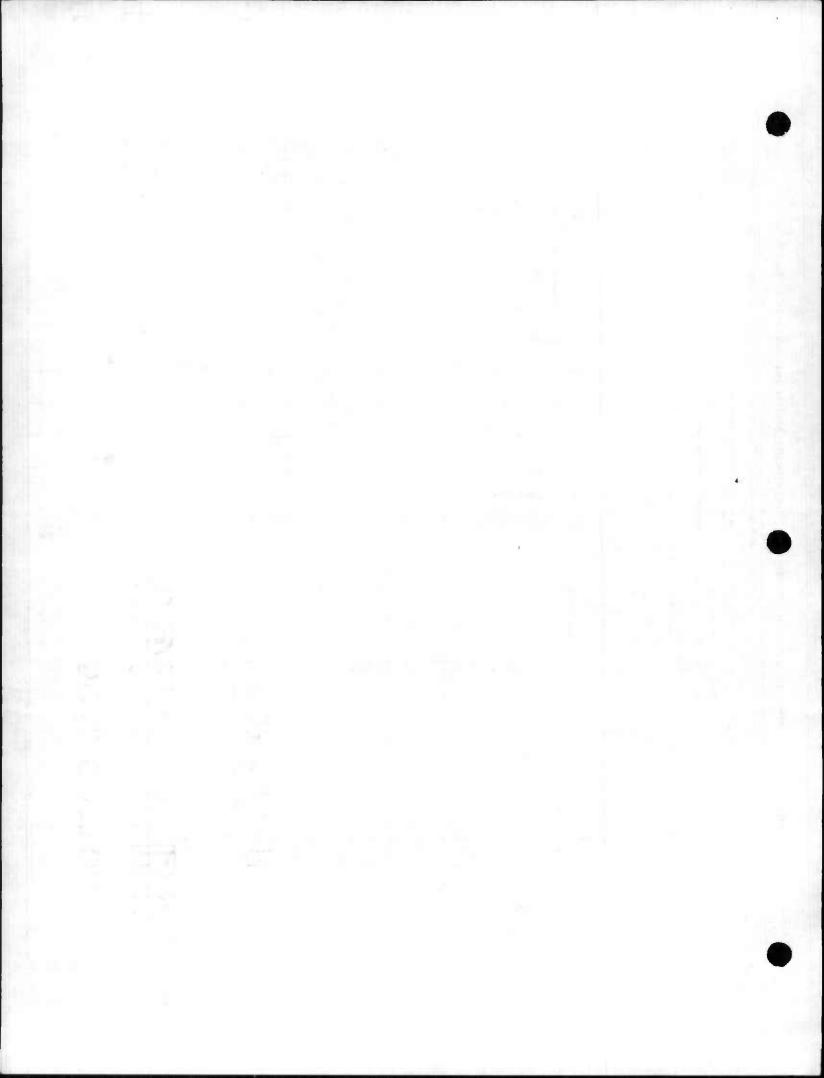
	63	
	1, 2,	
1	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 is flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	
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	sit pe	W. 20%
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ALE	ECTOP rs afte	п 28
A CH	L DIR	f Iten
SPILE	NERA Thin 72	Ä
HE HUSPITAL UK AT LENDING PHYSICIAN: The law fequires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
-	F 5	0

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 hould TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3 DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR MOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF COUNTRY? 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR, OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whitey etc. 1 Neper Married 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced Haren COMPLETED IS, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
life, Dg NOT use retired.) 166 KIND OF BUSINESS/INDUSTRY ify only highest gr lary (0-12) College (1-4 or 5 +) BE 19b. MAILING ADDRESS (9176 2 METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Nama of in 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ME AND ADD 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Daath diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequantielly list conditions, OUE TO JOR AS A CONSEQUENCE OF If eny, leading to immediate cause. Enter UNDERLYING NA CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 - Raeldence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 26c, INJURY AT WORK? 1 Natural
2 Accident BY 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of a mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, 12 2 223 2 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE.



	REGISTRAR 1. DECEDENTS NAME	(First, Middle, (ast)	(lands	CERTI	FICALE	OF DEAT		REG. NO.		3. TIME OF DEATH
	Ho	mary	N.540	5 0	5506			1 16	97	1110 A
	4. SOCIAL SECURITY I	P-6765	5. SEX 8. /	AGE (In yrs. lest birthde)		EAR IF UNDER 2	MIN. (Mor	E OF BIRTH		BIRTHPLACE (State or Foreign Country)
E E	9a. FACILITY NAME (#	not institution, give s	reet and number)	. 0	96. CITY, TO	OWN OR LOCATION		4//6//	9c. COUNTY	
OR OF	Fall sto.	no Ge	neval Ho	spital	1 7	-a115+	no		Hai	tord
RECTOR	RESIDENCE OF 10a. STATE	10b. COUNT	,	10c. C	ITY, TOWN OR	LOCATION			-	10d. INSIDE CITY
ā	Md.		Harford			Fa	llstor	1		1 YES 2/XNO
	10e. STREET AND NUM	1301	Ω:11 O=-	-1. D.1		101. ZIP CODE	040	_		OF WHAT COUNTRY?
FUNER	11. MARITAL STATUS 1 Never Married		Mill Cres 12. WAS DECEDENT EV FORCES? IF YES, GIVE WAR	ER IN U.S. ARMEO	If y	S DECENDENT OF	, Mexican, Puerte	IN? (Specify Yes	U.S	RACE — American Indian, Black, White, atc.
ED BY	3 Widowed 4 1	Divorced OECEOENT'S EDU	1951		's USUAL OCCI	YES 2		Sb. KIND OF BUS	NESS/INDIES	white
LETE	(Specification) (Specification)	ly only highest grade	completed) College (1-4 or 5+)	(Give kind of life. Do NOT	of work done duri use retired.)	ing most of working				
once.	12 VIS 17. FATHER'S NAME (FI	rst, Middle, Last)	2 Yrs.	liraff	ic Mar.		ER'S NAME (First	Middle, Maiden		LODE
ed at o		Ch	arles E. Do	eane			Elv	va W	oolen	
TO BE	19a. INFORMANT'S NA					Street and Number of				
De n	Mrs. Ella		ne	20b. PLACE ANO 0/		Creek				21047
must	XX Buriel 2 Cree 4 Donation 5 0	mation 3 🗆 Rem	oval from State	Bel Air				20-92		el Air, Md.
or removal. medical examilifier must be notified at once. TO BE COMPLETED BY FUNER	21. SIGNATURE OF FUI	F. Loui	sahn			.750 Bel				n Funeral H Md. 21087
ntal thyliene prior to burial, cremation, or re y, or other traumatic event, the med CERTIFICATION	iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if emy, leeding to it ceuse. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	onditions, nmediate ERLYING	DUE TO (OR	AS A CONSEQUENCE	OF):	mona	K	Pant	469	zay8 z
y injury.	PART II. Other eign	nificent condition	s contributing to de	ath but not reculting	g in the unde	eriying ceuse g	lven in Part i.	24a. WAS AN PERFO		24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAU
h the State Dept. of Health and Menta 1, or item 23 shows any injury, HYSICIAN: MEDICAL CI	<u> </u>	,						1 TYES	P ON O	OF DEATH?
m 23	25. WAS CASE REFERE EXAMINER?	TO MEDICAL	HOSPITAL:			26. PLACE OF OE	ATH (Check only	one)		
					OTHER:	a Home & Pa	sidence 6 🗆 Ot	her (Specify)		
T Se st		f Pending	1 Inpatient 2 EF 28a. DATE OF INJ (Month, Day,	URY 28b.		Bc. INJURY AT WORK?	28d. C	ESCRIBE HOW	NJURY OCCUI	RED
28 is marked	27. MANNER OF DEATH 1 Matural 2 Accident	1	28a. DATE OF INJ (Month, Day,	JURY 28b.	INJURY M	8c. INJURY AT WORK? 1 YES 2	28d. 0	EŞCRIBE HOW	and Number or	RED Rural Route Number,
72 hours after death with them 28 is marked MPLETED BY P	27. MANNER OF DEATH 1 Antural 2 Accident 3 Suicide 4 Homicide 29s. CERTIFIER (Check only	5 Pending Investigation 6 Could not be stermined	28a. DATE OF INA (Month, Day, 1) 26a. PLACE OF IN- building, etc.	veer) 29b. 29b. 1JURY — Al home, fari (Specify)	n, street, factor	8c. INJURY AT WORK? 1 YES 2 y, office e, data and place,	NO 28f. Li	DCATION (Street thy or Town, State,	and Number or	Rural Route Number,
filed within 72 hours after death with PORTANT. If item 28 is marked BE COMPLETED BY P	27. MANNER OF DEATH 1 Antural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND	5 Pending Investigation 6 Could not be estermined CERTIFYING PHYS MEDICAL EXAMIN	28a. DATE OF INA (Month, Day, 1) 26a. PLACE OF IN- building, etc.	IURY — Al home, fari (Specify) — knowledge, deeth occ instion and/or investig	IME OF INJURY M m, atreet, factor urred at the time	BC. INJURY AT WORK? 1 YES 2 y, office e, data and place, nion, dasth occurrent	NO 28f. Li	DCATION (Street thy or Town, State,	and Number or	Rural Route Number,
72 hours after death with them 28 is marked MPLETED BY P	27. MANNER OF DEATH 1 Antural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND	5 Pending Investigation 6 Could not be stermined CERTIFYING PHYS MEDICAL EXAMINITY SS OF RERSON WITH	26a. DATE OF INA (Month, Day, 1) 26a. PLACE OF IN- building, etc. ICIAN: To the best of my ER: On the best of axam	knowledge, death occulation and/or investig	IME OF INJURY M m, atreet, factor urred at the time	BC. INJURY AT WORK? 1 YES 2 y, office e, data and place, nion, dasth occurrent	NO 28f. Li	DCATION (Street thy or Town, State,	and Number or	Rural Route Number,



ME RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the man of the burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. HOSPITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 20 1992

	92-0211-043 It	ems:23 pa: STATE OF MA	rt I,27,28 ARYLAND / DEF	Bc per ME PARTMENT OF	O G-684 :	2/3/9. Menta i	2 reb	J C	00944
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			IFICATE O		2. DATE	REG. NO		3. TIME OF DEATH
	Anthena	D.	Dundu			O 1	13	AY 19	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birtho		IF UNDER 24 HRS.	7. DATE	OF BIRTH		B. BIRTHPLACE (State or Foreign
		1 M 2 XF	1 YR	S. MONTHS DAYS	HOURS MIN.	Oct	. 27, 19		Pennsylvania
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	OR LOCATION OF D		,		TY OF DEATH
OR	Washington Cou	nty Hoer	si to 1	Шапа				,,	
5	Washington Cou				rstown			l Wa	shington
DIRECTOR	Maryland Wash	ington	10c.	Williams					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1 Appletree Lane				101. ZIP CODE 21795			10g. CITIZI	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAS	YES 2 XO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 K NO Speci	an, Puerto R	? (Specify Yes	or No 1	4. RACE — American Indian, Black, White, etc. Specify:
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind	T'S USUAL OCCUPA of work done during of t use retired.)	FION nost of working	16b.	KIND OF BU	SINESS/INDU	white STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	-				-		
ш	17. FATHER'S NAME (First, Middle, Last) Daniel D. Dundus	, II			18. MOTHER'S NA		D. Smi		
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AOORESS (Stree	and Number or Rural				(ode)
2	Daniel D. Dundus	, II			Lane, W				
	20a. METHOD OF OISPOSITION 1 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DA	TE OF DISPOSITION /	Vame of	DATE	200 10	CATION CO	ty or Town, State wn, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	D D	mice	22. NAME MINN	ICH FUNE	RAL HO	OME		own, Md. 21740
	23. PART I. Enter the diseases, or conshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	NO a	auaad the death. Do on each lina. anatomic on a source of the source of	r toxico	ode of dylng, aud	ch aa cardi	ac or reapi	ratory arres	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE	E OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to de	eath but not reaultin	g in the underlyl	ng cauae given in	ĺ	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL								
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
XS			R/Outpatient 3 🗆 DO/	4 - Nursing Ho	me 5 - Residence	8 🗌 Other	(Specify)		
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		INJURY W	JURY AT ORK? YES 2 NO	28d. DE\$C	RIBE HOW IN	IJURY OCCU	RED
	3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc.	NJURY — At home, farm . (Specify)	n, street, factory, off	ce	28f. LOCA City or	TION (Street a Town, State)	nd Number or	Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 X MEDICAL EXAMINER	IAN: To the best of my	knowledge, death occ	urred at the time, dat	a and place, and due	to the caus	e(a) and men	ner as stated.	suss(a) and manner as stated.
8		The same of same	on and/or investig	and an my opinion,	outin occured at the	time, date a	nd place, and	due to the o	sause(a) and manner as stated.
10 BE	290 MICHATURE AND HART OF CHITIPIER	SALV	n		O . C . M				14 1992
_	MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	rpe, Print)					

Street, Baltimore Maryland 21201

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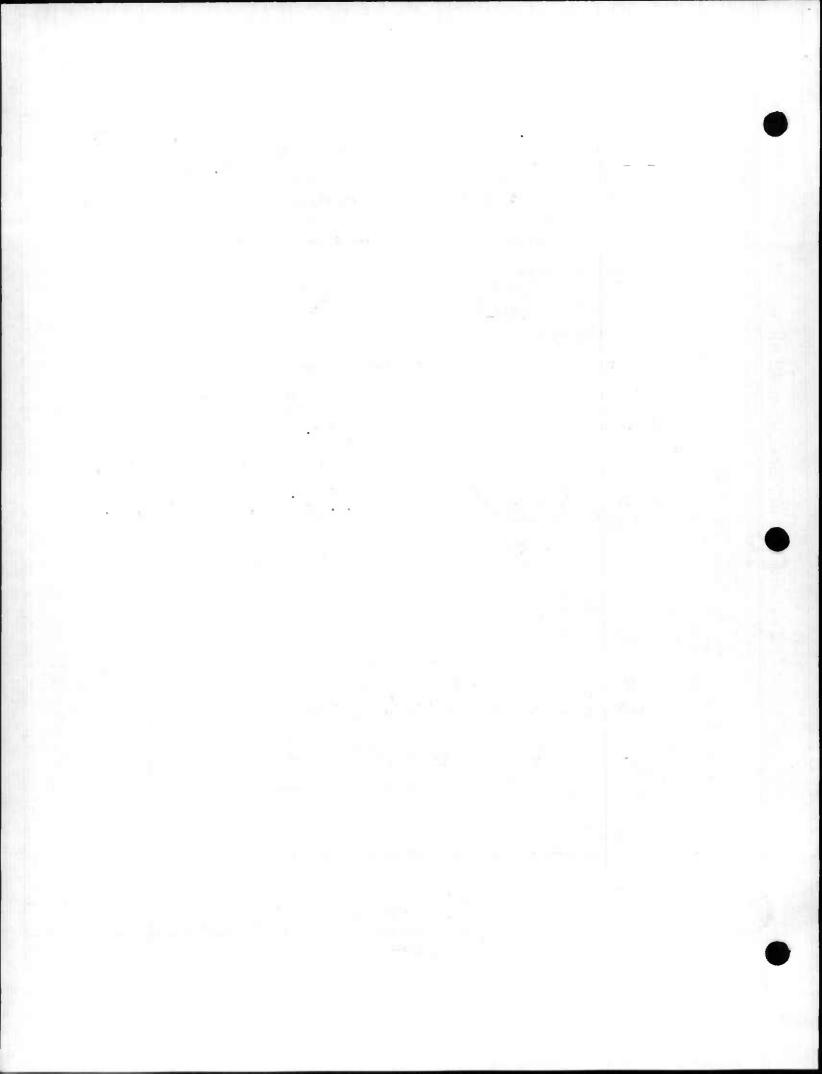
9	10
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	IOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s
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	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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HYSICIAN: The law requires that the death certinicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	g physic	not the place copy, or regain any mental hygiene proving burial, defination, or lettional. ed , or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

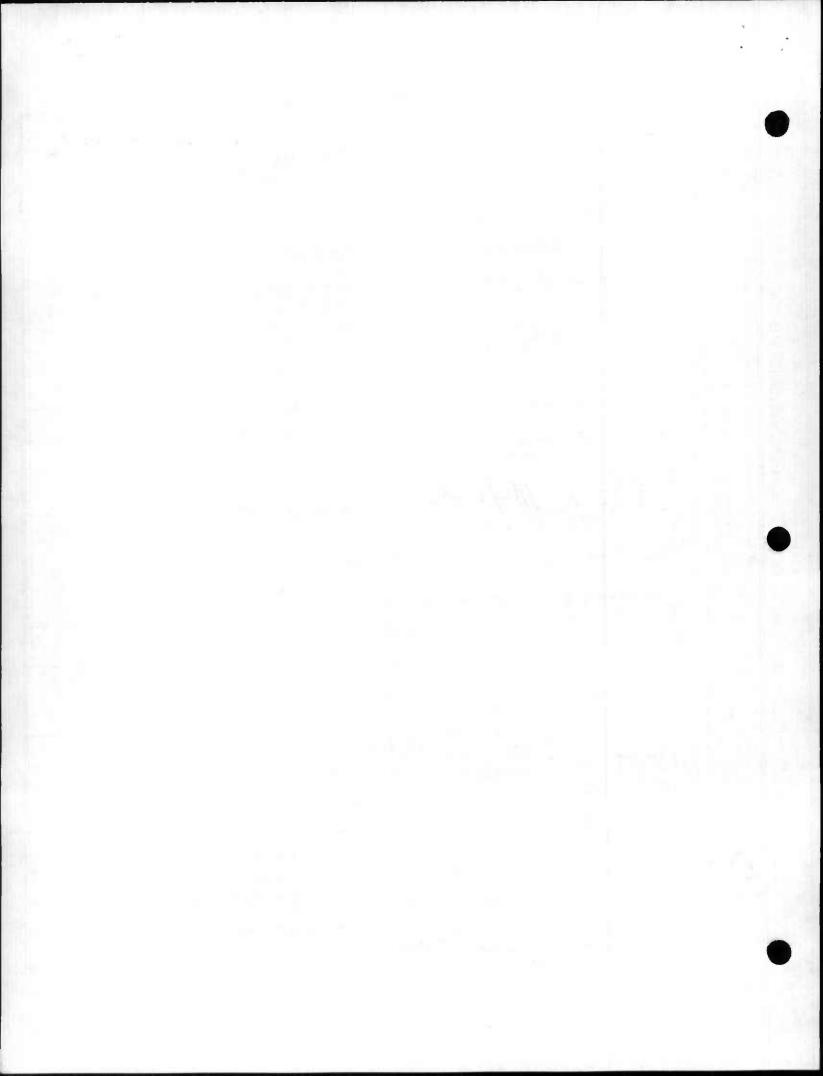
	1. DECEDENT'S NAME (First,	Middle Leath			LITTI	IOAII	- 01	DEA	111	HEG. NO			
	RICHARD	MIOUIS, LESI)	A.	DUVAI	LT.					JANUARY 15	W 10	YEAR	3. TIME OF DEATH 3:50PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. is		IF UNDES	A MEAN	T	R 24 HRS.		, 19		
	578-01-3458		1X M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 15, 1	010	Countr	HPLACE (State or Foreign
	9a. FACILITY NAME (If not in	stitution aive s	street and number)			01-017		OR LOCAT					yland
œ	Shady Grove			enital						EATH		INTY OF D	
DIRECTOR	RESIDENCE OF DEC	EDENT	HUIST HO:	sproar		п	OCKV	ille			M	ontg	omery
Ä	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TIDN					10d, INSIDE CITY
	Maryland	Mont	gomery			Roc	kvil	le					LIMITS?
AL	100. STREET AND NUMBER						10	r. ZIP COD	E		10g. CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	5 East Argy	rle St	reet					20	850		U	SA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (Specify Yes		14, RACE	E — American Indien,
BY	1 Never Married 2 X 3 Widowed 4 Divo		1943-1	YES 2 AR OR DATES				2 X ND		in, Puarto Rican, atc.)		Speci	k, White, atc.
					V II								White
1	(Specify only	EDENT'S EDU highest grade	completed)	(0	ECEDENT'S Give kind of e. Do NOT us	work done			ng	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 +	•)						701			
MC	17. FATHER'S NAME (First, Mi	iddle (ast)	4		Distr	ict I	Mana			Phone	-	pany	
	Russell Duv									ME (First, Middle, Maiden er Dwyer	Surname)		
BE	19a. INFORMANT'S NAME (7)	/pe/Print)		10	DE MAH ING	Anness	B (Ctonal o			Route Number, City or Town	0		
5	Nici L. Duv			1."		ame a			r or murai i	noute Number, City or low:	n, Stere, Zip) Code)	
	200 METHOD OF DISPOSITI	ON		20b. PLACE					_	DATE 20c. LO	CATION —	Oh T.	
	1 Burial 2 Crematio	n 3 Rem	oval from Stata	Cametery, cri	ematory or o	ther place)	Ce	met.e.	237				
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE					ID ADDRE			y cons	SV11.	le, Maryland
	Marin	14-	Bus	Ken		N	furi	el H.	Ba:	rber Funer	al H	ome	20882
	23. PART I. Entar the di	seasea, or o	complications that	caused tha de	eath. Do r	not antar	tha mo	da of dy	ing. auc	8. Laytons	ville	e Mc	Approximata
	ahock, or he IMMEDIATE CAUSE (Fin	sart lanure.	List only one cau	se on each line	a.			^	(i 25		otory an	out,	intarval Between
	disease or condition resulting in death)	aı →	CONN	hair	duit	NIA	Tan-	·	a. O.	home	dias	0 100	Onset and Death
	readiting in death)		DUE TO	(DR AS A CONSE	QUENCE O	F):	0007	+	COCO	morary		on	<
Z	Commented to the second		b										
CERTIFICATION	Sequantially list condition if any, leading to immediate	liata	DUE TO	(OR AS A CONSE	DUENCE O	F):							
3	cause. Enter UNDERLYII CAUSE (Disease or injur	NG Y	c										
E	that initiated eventa reaulting in death) LAST		DUE TO	(DR AS A CONSE	DUENCE DI	F):							
H			d										
	PART II. Other significan	nt condition	s contributing to	daath but not	resulting	in the un	derlying	cause (given in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	averso	selev	otic be	ort o	lises	es e		,		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Phremi	R B	much	1-1	rut	0 (100	~ hi	-	1 🗆 YES 2	XND		OF DEATH?
2			10.00	- W	au-	4	/VCC.	Cu	7				1 YES 2 NO
N N	25. WAS CASE REFERRED TO	MEDICAL	/		-		26. PL	ACE OF D	EATH (Che	eck only one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	₹:			8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE DF	INJURY	28b, TIM	E OF	28c. /NJ	URY AT	- I	26d. DESCRIBE HOW IN	JURY OC	CURED	
BY	1 Netural 5 F	Pending nvestigation	(Month, De	ty, reury	IMJ	URY		RK?] ND				
	3 Suicide 6 C	Could not be	28a. PLACE DI buliding.	F INJURY At he	ome, ferm, a	street, fact	ory, office			26f. LOCATION (Street a	nd Number	or Rural A	loute Number,
	4 Homicide d	latermined								City or Town, State)			
2	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowladga, de	ath occurre	d at the ti	me, data	and plece.	and due	to the cause(a) end man	ner en stat	ed.	
COMPLETED	one) 2 MEDIO	CAL EXAMINE	R: Dn the beals of ax	amination and/or	Investigatio	n, in my o	pinion, de	eath occur	ed at the	time, date and place, and	d due to th	e cause(a)) and manner as stated.
	296. SIGNATURE AND TITLE			- 0.0					NSE NUM				(Month, Day, Year)
BE	Burly	X	Bur.	MD				N	190	957	> /	- 16	99
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)		1				10	
	LONA	dL	- 130kg	c Ma	0 8	109	U	CIR	SV	4:11 R1	F	200	RullE
	31. DATE FILED (Month, Day)	3000		TH SCHATURE				-100		111119	- 1	100	TUITE
	JAN 20	1992	a was	videon-pa	nation								- 1



IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

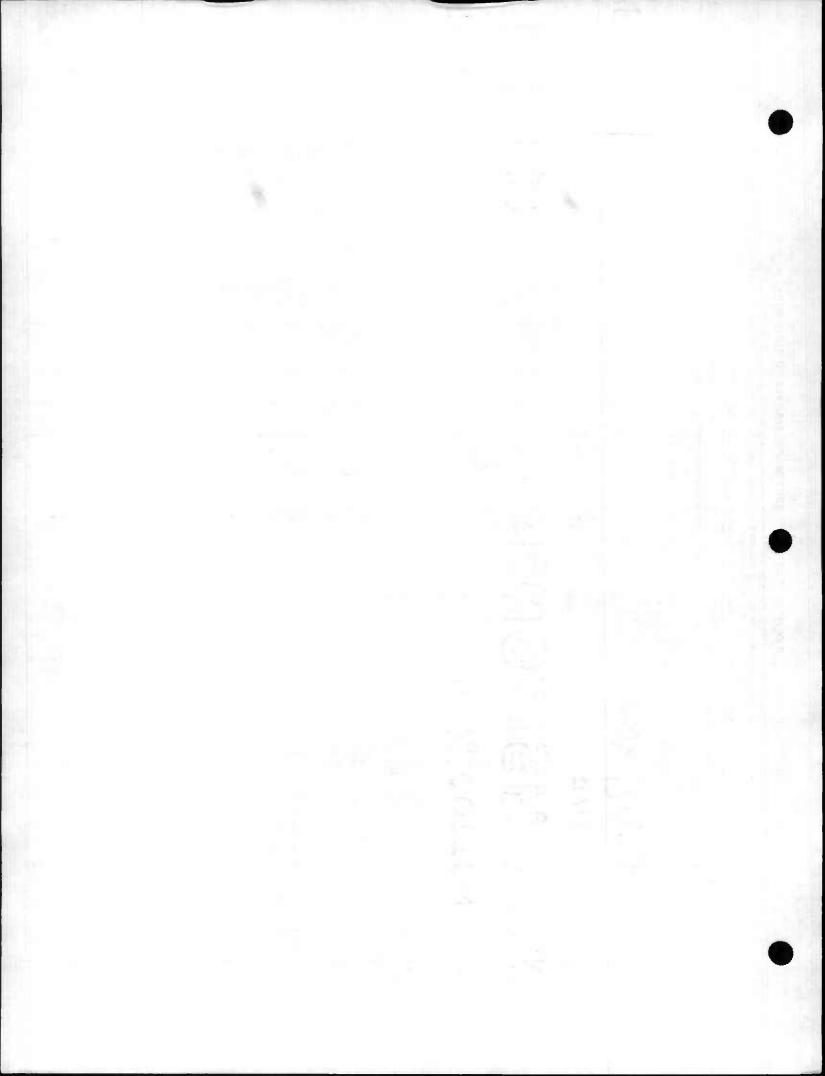
L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I			۷ . ا		140
	1. DECEDENT'S NAME (First, Doris	Middle, Last)	٧.	Gibson	ERTIF	ICATE	: OF	DEA	Н	2. DATE OF I	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 218-12-3809		5. SEX 1 M 2 X F	8. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De 10/28	HRTH y, Year)		. BIRTHI	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not interest of the Carroll Corresidence of Dec			ospital				mins		ATH		9c. COUNT		АТН
DIRECTOR	Maryland	10b. COUNT			10c, CIT	Y, TOWN O		tmins	ster				T	10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	205 St.	Mark V	Way Apt.						1157			U	S.A	HAT COUNTRY?
В	1 Never Married 2 3 Widowed 4 Diver		12, WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			f yes, sp	ENDENT Cooling Cube	n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican	etc.)	or No— 1	4. RACE Black, Specify Whi	
PLETED	15. DECI (Specify only Elementary/Secondary (0- 12. Years	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5+	(G.	CEDENT'S we kind of w Do NOT us	vork done o se retired.)	during mo	st of working			D OF BUS	INESS/INDU		
BE COMPL	17. FATHER'S NAME (First, Milli	am Scl	nilling					18. MOTI	ers nai	ME (First, Middle e Sci	hmid	t		
10	Mr. Joseph	H. Gil	oson, Jr.	2.	2.22 I	Longv	riew	Dri		Sykesv:			217	84
	20e. METHOD OF DISPOSITION 1	n 3 🗆 Reme (Specify)		cemetery, cre Hopew	matory or ot	cher place) Cemet	ery	me of		1/20		t Depo		
	Meg	hen	1114	anki	ni	Lo1 872	ing 28 L	Bye:	rs Fi	uneral oad R	anda:	listo	wn,	nc. MD 21133
	23. PART I. Enter/he disahock, or he IMMEDIATE CAUSE (Findisesse or condition resulting in death)	el	somplications that List only one cau	se on aech iina	•				ng, such	n es cardiec	or reapir	atory arres	it,	Approximete Interval Between Onset and Death
ATION	Sequantisily list condition of the sequentisity list condition of the sequence	ona, liata	DUE TO	OR AS A CONSEC	DUENCE OF	7: 7	· ·	Que	4					4.
CERTIFICATION	CAUSE (Disease or Injur that initisted evente reculting in deeth) LAST		DUE TO	OR AS A CONSEC	IVENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significan		e contributing to				derlyIng	ceuse g	iven in i		WAS AN A PERFORM	AED?		WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	la la			ck only one) 6 Other (Spe	nc/fw)			
ВУ РНУ	27. MANNER OF DEATH 1. Natural 5 P 2 Accident II	ending westigation	28a. DATE OF (Month, Da		28b. TIME	E OF	28c. INJU	JRY AT		28d. DESCRIB	-	JURY OCCU	RED	
- 10		could not be etermined	26e. PLACE Of building, o	FINJURY — Al horate. (Specify)	me, farm, s	treet, fecto	ry, office			281. LOCATION City or Tox	(Street en	d Number or	Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFI 2 MEDIC	FYING PHYSIC	CIAN: To the best of ex	my knowledge, der amination end/or in	nth occurre	d at the ti	ne, date olnion, de	end place, eath occur	end due t	to the cause(e)	end menn place, and	er se stated.	:euse(e)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE		Le	ore)	9	ms		29c. LICE	16	6 3		29d. DATE S	IGNED (Month, Day, Year)
	VINCENT	5.	Fracco	JR				velt		STER	m o	. 21	57	
	JAN 18		Julia Dav	s signature	dell						- 1		-7	



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20	hin 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burlal, cremation, or removal.	NT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DECEDENT'S NAME (First, Middle, Last	м	OLMIII 10	ATE OF DEA		REG. NO		3. TIME OF DEATH
DECEDENT'S NAME (FIRST, MICOGO, LAST	Rayme	nd Gil	land		MONTH D	15 YE	2 09 00 A
215-12-6843	5. SEX / 6. AGE		UNDER 1 YEAR IF UND NTHS DAYS HOURS		DATE OF BIRTH (Month, Dey, Year)		BIRTHPLACE (State or Foreign Country) Maryland
e. FACILITY NAME (If not institution, give		1/25 1 196	CITY, TOWN OR LOCA	TION OF DEATH		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	General 1	Hospital	Jall!	ston-		1704	rford Co
Maryland 106. coun	Harford	10c. CITY, TO	OWN OR LOCATION	el Air			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Ge. STREET AND NUMBER	Red Pump Rd.		101. ZIP CO				of WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1. TO YES IF YES, GIVE WAS OR D. 1943-1946	IN U.S. ARMED 2 NO DATES	13. WAS DECENDENT If yes, specify Cu 1 YES 2 N	ban, Mexican, P		o or No— 14.	RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S ET (Specify only highest gra Elementery/Secondary (0-12) 12 YIS。	College (1-4 or 5+) 3 YIS •	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Sales	done during most of wor tired.)	king	Profes		Sports
7. FATHER'S NAME (First, Middle, Last)	Raymond J.	Gilland Sr		THER'S NAME (First, Middle, Malder	Surname) RVIS	
90. INFORMANT'S NAME (Type/Print) Mrs. Hazel Z.	Gilland		DRESS (Street and Number of Pump Rd		Number, City or You Air, Mo		
tog METHOD OF DISPOSITION	emoval from State of	Db. PLACE AND DATE OF f cemetary, crematory or of	other place)	1_1	DATE 20c. LO	Bel Air	
H. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Bel Air Men	orial Gar	nens	TY		Funeral Mo
ahock, or heert fellun IMMEDIATE CAUSE (Finel disease or condition	er complications that cause e. List only one cause on a				d.Kingsv: a cerdlec or resp		Approximate Interval Betw
ahock, or heert fellund immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e						Approximate Interval Between
ahock, or heert fellund immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. List only one ceuse on e e	A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of o	dying, auch e	a cerdiec or resp	N AUTOPSY RMED?	Approximate interval Betwonset end D
ahock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions EXAMINER?	e. List only one ceuse on a contributing to deeth in the series of the s	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying cause	e given in Par	a cerdiec or respondent i. 24e. WAS A PERFO 1 YES	N AUTOPSY RMED?	Approximate Interval Bets Onset end E Sets Onset E Sets Onset end E Sets Onset
ahock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditi EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	e. List only one ceuse on e e. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the sequence of the sequence	the underlying caus 26. PLACE OF THER: Nursing Home 5 FY 26c. INJURY AT	e given in Par F DEATH (Check Residence S E	a cerdiec or respondent i. 24e. WAS A PERFO 1 YES	N AUTOPSY RIMED?	Approximate interval Bets Onset end E Service of E Servic
ahock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e. List only one ceuse on e e. DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	26. PLACE OF THER: Nursing Home 5 19 WORK7 WORK7 1 YES 2	e given in Par F DEATH (Check Residence 8 2	a cerdiec or respond to the respondence of the resp	N AUTOPSY RIMED? 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO
ahock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatio 3 Suicide 6 Could not 1 4 Homicide 1 CERTIFYING PH	e. List only one ceuse on e e. DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	26. PLACE OF THER: Nursing Home 5 OF 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	e given in Par F DEATH (Check Residence S [2 NO 26	a cerdiec or response a cerdiec or response	N AUTOPSY RMED? 2 NO INJURY OCCUR	Approximate Interval Betwonset end D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO
ahock, or heert fellum immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatio 3 Suicide 6 Could not 1 4 Homicide 290. CERTIFIER (Check only one) 1 CERTIFYING PH ONE) 2 MEDICAL EXAMINERS 29b. SIGNATURE AND TITLE OF SHITE	e. List only one ceuse on a contribution one ceuse on a contribution to death in the contribution to de	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the con	26. PLACE OF THER: Nursing Home 5 DF 28c. INJURY AT WORK? 1 YES 2 et, factory, office at the time, date and plin my opinion, death oc	e given in Par F DEATH (Check Residence S [2 NO 26	a cerdiec or response a cerdiec or response	N AUTOPSY RIMED? 2 NO INJURY OCCUR	Approximate Interval Betwonset end D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO
ahock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not I determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAM	e. List only one ceuse on a contribution one ceuse on a contribution to death in the contribution to de	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the con	26. PLACE OF THER: Nursing Home 5 DF 28c. INJURY AT WORK? 1 YES 2 et, factory, office at the time, date and plin my opinion, death oc	e given in Par F DEATH (Check Residence S 2 2 NO 24 ace, and due to coured at the tim	a cerdiec or response a cerdiec or response	N AUTOPSY RIMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO



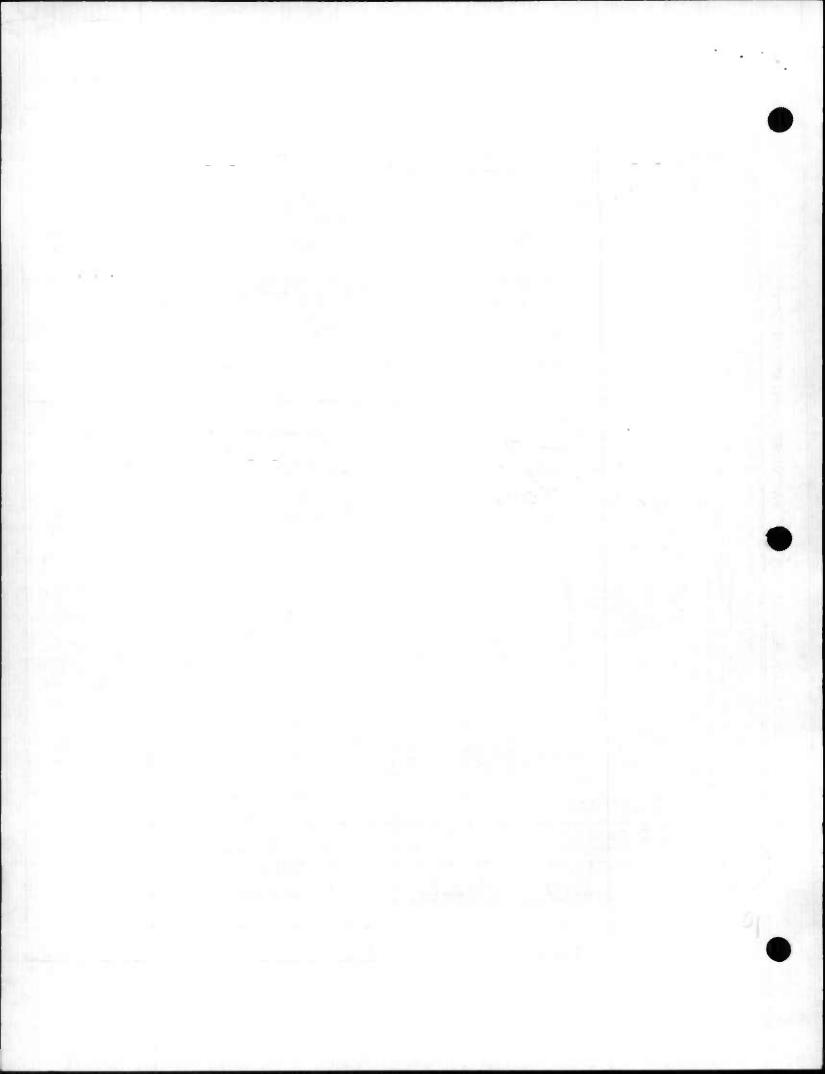
9	ctor	
Page	dire	
OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 r	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	
after	y the	moval
HOURS	I II D	Or re
24	1	Son.
within	pletely	cremat
ecuted	по оп	burial
8	E S	9
ate b	ysicia	prior
certific	ding ph	voiene
death	atten	mtal F
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Ĕ.	icate	State
CIA	ertil	the
PHYS	this (with
DING	After	death
TEN	CTOR	after
38	RE	SUB

Jerald Insel

	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN		00948			
	1. DECEDENT'S NAME (Float JOHN	, Middle, Last) PET	ER GAB	RIEL					,1992	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214-24-1734 90. FACILITY NAME (If not in	6. AGE (In yrs. ia	YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year) 4-22-1930		a. BIRTHPLACE (State or Foreign Country) MARYLAND OUNTY OF DEATH					
TOR	7001 Fifth Ave. DUNDALK BALTIMORE												
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE				10c. CIT	Y, TOWN OR LOCA	DUNDALK		10d. INSIDE CITY LIMITS? 1 YES 2 X 10				
3AL	10e. STREET AND NUMBER					10	Of. ZIP CODE		N OF WHAT COUNTRY?				
BY FUNERAL	7001 5TH ÅV 11. MARITAL STATUS 1 ☐ Never Married 2 ☒ 3 ☐ Widowed 4 ☐ Divo	T EVER IN U.S. A YES 2 AR OR DATES		If yes, s	CENDENT OF HISPAI	2 2 2 NIC ORIGIN? (Specify Years, Puerto Ricen, etc.) Y:	U.S.A. 4. RACE — American Indian, Black, Whita, etc. Specify: WHITE						
ETED	(Specify only	EDENT'S EDUC y highest grade		(0	Give kind of I	USUAL OCCUPAT	ION lost of working	16b, KIND OF BU	SINESS/INDU				
PLE	Elementary/Secondary (0	1-12)	VEARS	·) #6	e. Do NOT us	HEF		CELE	ביוטו טוי	77.0			
COMPL	17. FATHER'S NAME (First, M	iddle, Last)	YLANS			TICF	18. MOTHER'S NA	ME (First, Middle, Maider	EMPLOY Sumame)	EV			
BE	PETER GABRI							VES MILITT					
2	19a, INFORMANT'S NAME (7							Route Number, City of Toy					
	IRENE A. GA	ON	No.	20b. PLACE	ANDDATE	STH AVE			RYLAN CATION CH	D 21222 ty or Town, State			
	M Burtal 2 □ Cremation 4 □ Donation 5 □ Other	(Specify)	- 0 0	SACR	ED HE	ART OF	MARY 1-1	8-92 BA	LTIMOR	E. MARYLAND			
TO BE	21. SIGNATURE OF TIMERA 23. PART 1. Enter the di	M/-	omplications that	t ceused the d	eeth. Do r	Duda		neral Home		7922 Wise Ave			
	immediate Cause (Final disease or condition resulting in death) a. Condition Pulma Quide Interval Between Onset and Death												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events												
CERT	resulting in death) LAST de Server Plughel Vaculo Viser 19m												
IAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	LACE OF DEATH (Ch						
≥	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. 0E\$CRIBE HOW INJURY OCCURED												
TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.												
O BE CO	29b. SIGNATURE AND TITLE	Me	COMPLETED CAUS	not)		29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)			

Good Samaritan Hospital
32. REGISTRAR'S SIGNATURE
8 1992

OHMH-16 Rev 1/89



1 -

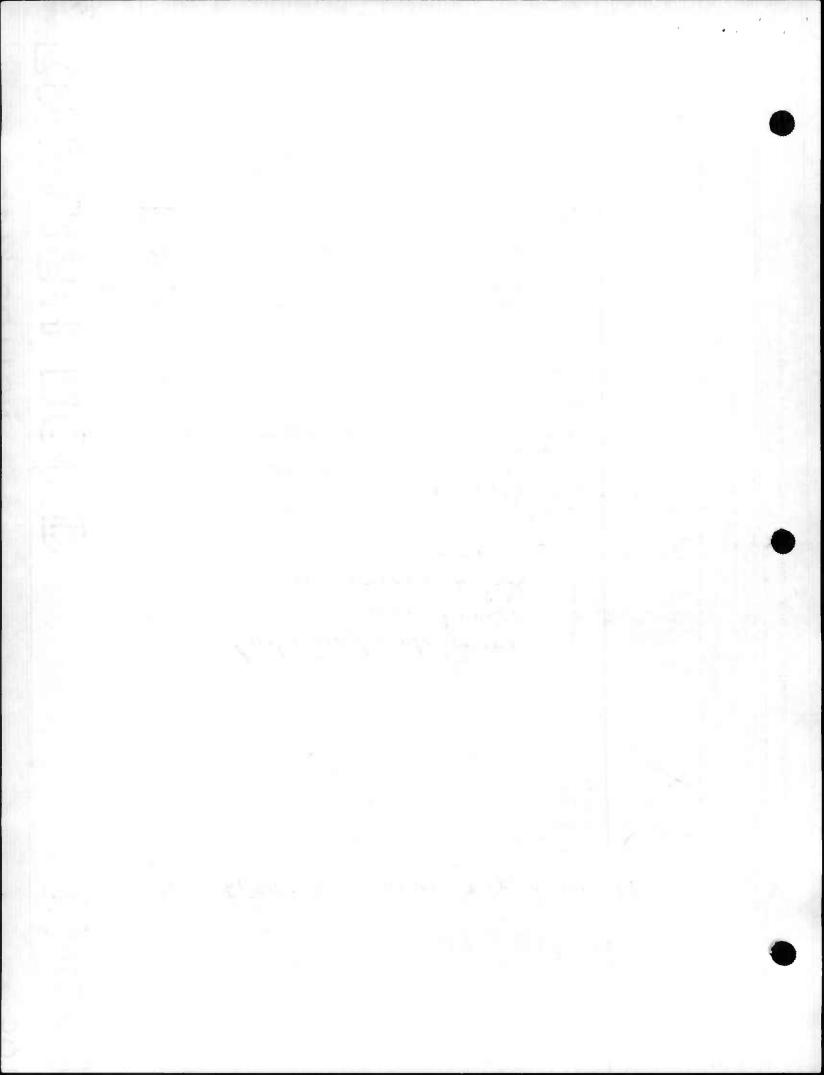
INSTITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

INSTITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found at the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

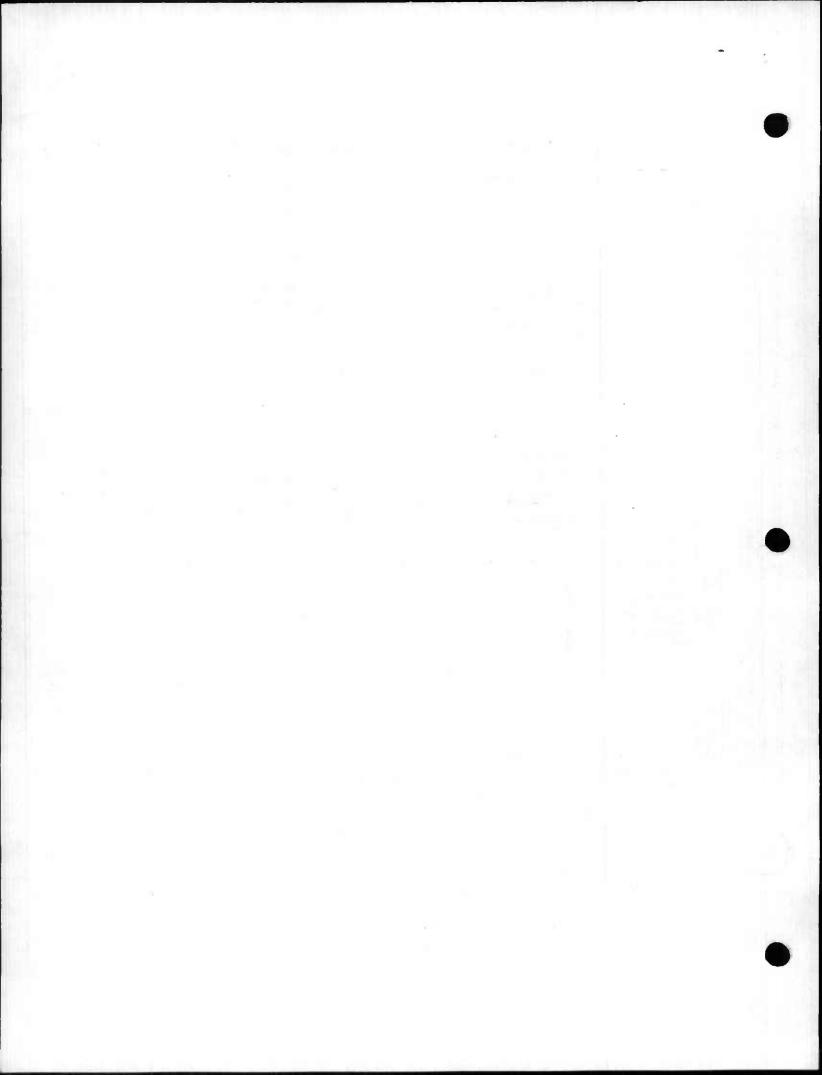
INSTITUTE IN ITEM 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
REGISTRAR	CERTIFICATE OF DEATH	EG. NO.

1. DECEDENT'S NAME (Firs	t, Middle, Last))							2. DATE OF	DEATH DA		VE 4.0	3. TIME OF DEATH	
	Evelyr	n May H	ammerb	acher					Janua		3, 1	992	la.m.	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER		IF UNDER	Y	7. DATE OF (Month, D	BIRTH			IPLACE (State or Foreign	
215-03-9198		1 M 2XXF	75	YRS.	MONTHS	DAYS	HOURS	MIN.	August		1916		ryland	
9a. FACILITY NAME (# not		street and number)			9b. CITY	TOWN	OR LOCATI	ON OF D		. 0,		NTY OF D		
RESIDENCE OF DE	oyal Court					Woodlawn					Baltimore			
10a. STATE	10b. COUN	TY		10c. CIT	TY, TOWN C	R LOCA	TION					10d. INSIDE CITY		
Maryland	Woodlawn								LIMITS?					
Maryland Baltimore						10f. ZIP CODE				10g. CITIZEN OF WH				
2024 Roya1			- 1 "		21.2	007								
11. MARITAL STATUS	2.1.207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye								States E — American Indian,					
1 Never Married 2	2XXNO If yes, specify Cuban, Mex				an, Mexico	an, Puarto Rica		OF 140-	Blac	k, White, etc.				
3 Widowed 4 Div	1 Tes 2 X NO Spe				Spech	ану:			Specify: Caucasian					
16 DE	CEDENT'S ED	I CATION	100	. DECEDENT'S	LIEUAL O	CCUDATI	ON		T see M	ND OF BUS	INCO (INC			
(Specify or	nly highest grad	de completed)		(Give kind of life. Do NOT u	work done			ing	100, KI	ND OF BUS	HINESS/INL	JUSTRY		
Elementary/Secondary		College (1-4 or 5	+)											
12th Grade				Homem	aker	_					Home	_		
17, FATHER'S NAME (First,	100						16. MOT	HER'S N	AME (First, Mide	fle, Maiden	Surname)			
William Law	rence	Haase					M	ay E	Elizabe	th K	irby			
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRESS	(Street			Route Number,			Code)		
James R. Mu	dgett			6322	Winds	sor	M:11	Roa	d Wood	llawn	, MD	212	07	
20e METHOD OF DISPOSI	TION		20b. PL	ACE AND DAT				2100	DATE		CATION -			
1 Burial 2 Cremat 4 Donation 5 Other	ion 3 🗆 Rai	moval from Stata	of ceme	etary, cremator	y or other p	lace)		1	/15/00	D-1			Ma 1 1	
21. SIGNATURE OF EUNER		ICENSEE 1	LLou	don Pa			ND ADDRE	199 OF E	ACILITY	Dal	C I mo	re,	Maryland	
. ()	1	2.12	00	_ /					Funera	al Di	rect	ors.	INC.	
1000	PHY	-w. De	Une										D21133-478	
Sequentially list cond	Itions,	b. Stee	OADR AS A CO		ssu	M	Sor	res						
If any, leeding to Imm	ediate	C) a	Offin As A CO	O a A	010								İ	
CAUSE (Disease or In		c. 99	aan	pace										
that initiated events resulting in death) LA	eT.	DOE IC	O (OR AS A CO		or):	10	m	1	h					
readiting in death) LA		d. CES	vicar	3/4	land	720	1	Tur	revery					
PART II. Other eignific	ant condition	ons contributing to	o death but a	not reaulting	in the ur	nderivir	na cause	alven ir	Pert I. 2	la. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDIN	
										PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUS	
-									1	☐ YES 2	□ NO	- 1-	OF DEATH?	
									—			- 1	1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			1 0====		PLACE OF	DEATH (C	theck only one)					
1 YES 2 NO		1 Inputant 2	☐ ER/Outpatia	nt 3 🗆 DOA	4 Nu		me 5	esidence	6 Other (S	Specify)				
27. MANNER OF DEATH		28a. DATE O	Day, Year)	26b. TI	ME OF	28c. IN	JURY AT		28d. DESCF	RIBE HOW I	NJURY OC	CURED		
	Pending Investigation		way, roary	II.	M		YES 2	□ NO						
2 Accident 3 Suicide		28e. PLACE	OF INJURY	At home, farm,	, street, fac	tory, offi	Ice		26f, LOCAT	ON (Street	and Numbe	or Aurai	Route Number,	
4 Homicide	Could not b		g, atc. (Specify)						City or	Town, State)	!			
29a. CERTIFIER									1					
(Check only		YSICIAN: To the best of												
2 ME	DICAL EXAMI	NER: On the besis of	axamination an	nd/or investigat	tion, in my	opinion,	death occi	ured at th	e time, data ar	nd place, ar	nd due to t	the cause	(s) and manner as stated	
29b. SIGNATURE AND THE	LE OF CERTIF	TER A	2 .	F1 E F1		-	29c. LIC	CENSE NU	JMBER				D (Month, Day, Year)	
×e.	unit	1 h/H	ick	mi	10.		D	2 3	3679	Ī	10	1-1	4-92	
30. NAME AND ADDRESS	OF PERSON V	WHO COMPLETED CA	USE OF DEATH	(ITEM 27) (Two	oe, Print)	_	1	-	/ /			- 1		
				,	,									
24 DATE EIL ED (14-m)	ne Manuel	a la project	ADIC CIONIST	IDC .		_								
31. DATE FILED (Month, Da		Sura David	CON- PONC	Lee										
SHIA TO 1	992	1												



	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND M	ENTAL HYGIEN		00000				
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATN				
		HOWE			anuary 14	3:30 P M						
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	205-16-3977 90. FACILITY NAME (If not institution, give	1 M 2 RF	83 YRS.			Apr. 10.		Pennsylvania				
Œ					OR LOCATION OF DEA	тн	Baltimore County					
DIRECTOR	Franklin Square H	ospital		Rossvi	lle		Daic	- County				
RE(10a. STATE 10b. COUN	TY	10c. CIT	, TOWN OR LOCA	TION	-	10d. INSIDE CITY					
0		timore	Mi	ddle Ri	ver		1 ☐ YES 2 [X NO					
FUNERAL	10e. STREET AND NUMBER			10g. CITIZE	N OF WHAT COUNTRY?							
NE	1 Jonquil Lane	40 1400 000000000			21220			ted States				
	1 Never Married 2 Married	12. WAS DECEDENT ET	YES 2 VNO	If yes, sp	ENDENT OF NISPANIC ecity Cuban, Maxican,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	Black, White, etc.					
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	2 XNO Specify:		Spectly: White					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON post of working	16b, KIND OF BU	SINESS/INDUS					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	rork done during mo e retired.)	st or working							
MP	17. FATHER'S NAME (First, Middle, Last)		Homemak	er		Own Ho						
						E (First, Middle, Maiden	Sumeme)					
BE	Walter H. Scantli 190. INFORMANT'S NAME (Type/Print)	na	10h MAH INC	ADDRESS (Charles	MATH E.	Long						
5	William H. Kissin	OOH SH						und 21220				
	204. METNOD OF DISPOSITION		20b. PLACE AND DATE O					y or Town, State				
	1 Donation 5 Other (Specify)	moval from Stata	Fairview C	her place)		16/92 Wr						
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	10	22. NAME AL	ND ADDRESS OF FACIL	LITY	(1)	idalk, Inc.				
	Brian T. Chisholm	571	Lla	7922	Wise Ange	ruc Home	og vun	MD 21222				
	23. PART I. Enter the diseases, or	complications that ca	used the death. Do n	ot anter the mo	de of dying, such	aa cardlac or reapi	ratory arrea	it, Approximate				
	ahock, or heart fallura IMMEDIATE CAUSE (Final	. List only one causa	on each line.					Interval Between Onset and Death				
	disease or condition reaulting in death)	Inferior	Myocardia	Infaro	tion with	3rd dear	ee He					
	a. Inferior Myocardial Infarction with 3rd degree Heart DUE TO (OR AS A CONSEQUENCE OF): Block											
S	Sequentially list conditions b.											
AT	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (ON	AS A CONSEQUENCE OF):								
띮	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d.										
	PART II. Other significant condition	one contributing to do	oth but a standal a s									
CAL	TAIT II. Othar significant condition	ne contributing to dea	ith but not resulting i	n the underlying	g cause given in Pa	ert I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
						_ 1 _ YES 2	1 NO	OF DEATH?				
Σ						-		1 TES 2 NO				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Check							
SIC	EXAMINER? V	MOSPITAL:	/Outpatient 3 □ DOA	OTHER:								
Η̈́	27. MANNER OF DEATN	28a, DATE OF INJ	JRY 265 TIME	OF 28c. INJ	• 5 Residence 8 URY AT 2	ed. DESCRIBE HOW II	NJURY OCCUP	RED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar) INJU		RK?							
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)											
	4 Nomicide determined		(1)			Only or lown, state)						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	SICIAN: To the best of my	knowledge, death occurre	d at the time, date	and piece, and due to	the cause(a) and man	ner as stated.					
Š	one) 2 MEDICAL EXAMIN	ER: On the beels of exami	nation and/or investigation	n, in my opinion, d	eath occured at the tin	ne, data and place, en	d dua to the c	sause(a) and manner as stated,				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMB	ER	29d, DATE S	INNED (Month, Day, Year)				
TO B	Sammo	mon					D 11	14/92				
-	30. NAME AND ADDRESS OF PERSON W						1	1				
	Stanley Kman, M		Franklin S	quare Di	rive Bali	timore M	212	37				
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S	SIGNATURE									



	FOR	AT117 AT 1										2 (00951
	1 - STATE REGISTRAR	SIAIL UF N	/ARYLAND	DEPAI	RTMEN	OF I	DEA	AND I					
	1. DECEDENT'S NAME (First, Middle, Last)				IOA .		DEA	111	2. DATE OF	REG. NO			3. TIME OF DEATH
	John	Willi	2 m	1	Helb	inc			MONTH		AY	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER	24 HRS.	7. DATE OF				PLACE (State or Foreign
		1 🔀 M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	9-6-1			Countr	
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			9c. COUNT	TY OF D	EATH
OR	Good Samarita	n Hospi	to1		R n	1 + 4	more				I TO A SHORE		
13	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT												
DIRECTOR		to County	,		TY, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	to country			ocke								1 YES 2 NO
FUNERAL		cle Apt	6-1			101	210				10g. CITIZI	EN OF W	HAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT		WED	1 40								
	1 Never Married 2 Married	FORCES? 1	YES 2 N	NO	- 1	If yes, sp	ecify Cuba	n, Maxica	NC ORIGIN? (S n, Pusrto Rica	pecify Yes n, etc.)	or No-	14. RACE Black	— American Indian, , Whits, stc.
ВУ	3 Widowed 4 Divorced	IF TES, GIVE W	RH OH DATES			1 YES	2 NO	Specify	y:			Specifi	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	SINESS/INDU	STRY	
E	Elementary/Secondary (0-12)	Collegs (1-4 or 5+	Who	. Do NOT u	work done (se retired.)	dunng mo	st of working	ng					
MP						_	_						
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAI	ME (First, Midd	le, Maiden	Surname)		
BE													
5	19a. INFORMANT'S NAME (Type/Print)		19t	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, (City or Tow	n, State, Zip C	Code)	
	ocme					_							
	20s. METHOD OF DISPOSITION 1 Burist 2 Cremation 3 Reg	oval from State	20b.PLACE A cemetery, crei	metory or o	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION — CI	ity or To	vn, Stats
	4 Donation 5 Other (Specify) 1									Ļ			
	Aug. 1111	Ronal	d Wade,	Dîr	22.	NAME AN	D ADDRES	SS OF FAC	S	TATE	ANTO	MY I	BOARD
_	mun //W	wee		15-92					ce St,				201
	3. PART i. Enter the diseases, or shock, or heart fellure.	complications that	caused the de	ath. Do i	not anter	tha mo	da of dyi	ng, such	as cardiec	or raspi	ratory arres	st,	Approximata
	IMMEDIATE CAUSE (Final		1-1	1	3		11	1		1		į	Onset and Death
	disease or condition resulting in death)	· / en	local	1	2120	Ne	R L	10	rinel	4	He	aci	
		DUE TO (OR AS A CONSEC	DUENCE O	F):				6	1			
NO	Sequentially list conditions,	b	į.						V				
ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQ	DENCE OF	F):								
FIC	CAUSE (Diseese or injury	c	OR AS A CONSEQ	HENCE O	m.								
E	thet initiated events resulting in death) LAST		On AS A CONSEG	IDENCE OF	r).								
S		d											
AL	PART II. Other significant condition	s contributing to	death but not re	asuiting i	in the un	deriying	causa g	Ivan in I	Part i. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
음									1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME					_							1	1 YES 2 NO
ä												1	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSDIYAL					ACE OF DE	ATH (Che	ck only one)			_	
YSI	1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Res	sidenca (K☐ Other (Sp	ecify) h	nenta	1 "	nens room
PH	27. MANNER OF DEATH	28s. DATE OF I	NJURY v. Year1	28b. TIM	7	28c. INJI	JRY AT	T	28d. DESCRIE				itens room
B⊀	1 Natural 5 Pending 2 Accident Investigation	(Month, De	92	unk	М	1 🗌 Y		NO	Self	inf	licte	d t	round
	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At hones, (Specify)	ne, farm, s	treet, facto	ory, office			28f. LOCATION City or To	N (Street s	nd Number or	Aural Ro	oute Number,
			F	losn	ital				5601	-	ch Ra	ver	Blvd.
COMPLETED	298. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge, das	ith occurre	ed at the th	me, dats	and placs,	and dus t	to the cause(s)	and man	ner as stated		
S S	one) 3 MEDICAL EXAMINE	R: On the basis of axa	mination and/or in	nveatigatio	n, In my op	olnion, de	ath occur	d at the t	time, data and	pisca, and	dua to the	csuse(a)	and manner as stated.
BE C	200. SIGNATURE AND THILE OF CENTIFIE						29c. LICE						Month, Day, Year)
8	THEY TILLY,	21					0.	C.M	.Е.			2 - 9	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

111 Penn Street, Baltimore, Maryland 21206

the Sel

nyo mily: Bringer arrange (20 mily

a set terms and Mark Brance

DE TOUR CONTRACT THE SECOND CONTRACT THE

firm? If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. DECEDENT'S NAME (First, Middle, Last		T				2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OEATH
	ndrew P.					1	14	92	3:45a.m.
. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	lest birthday) IF UND	ER 1 YEAR	HOURS MIN.	7. DATE OF BIR (Month, Day, 1		8. BIRT Count	HPLACE (State or Foreign try)
none	1 🔀 M 2 🗀 F	6	YRS.	DATS	HOURS MIN.	1/11/19	86	Mar	cvland
a. FACILITY NAME (If not institution, give	street and number)	61111	9b. CI	TY, TOWN OF	R LOCATION OF O	EATH	9c. C	OUNTY OF	OEATH
8948 Reister	stown Ro	ad	Acres de la Constitución de la C	Ra	altimore		200	Balti	imore
RESIDENCE OF DECEDENT					arcimor.			Daiti	WILL DESCRIPTION OF
Oa. STATE 10b. COUN	ITY		10c. CITY, TOWI	OR LOCATIO	ON				10d. INSIDE CITY LIMITS?
Maryland	Baltimor	e	В	altimo	ore				1 YES 2 NO
Ge. STREET AND NUMBER					ZIP CODE		10g. (CITIZEN OF	WHAT COUNTRY?
8948 Rei	sterstown	Road			212	208	IIn	itad	States
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	ARMED 1	3. WAS DECE	NOENT OF HISPA	NIC ORIGIN? (Spe	cify Yea or No-	- 14. BAC	CE - American Indian,
Never Married 2 Married	FORCES?	WAR OR DATES	NO	If yes, spe-	cify Cuban, Maxic	an, Puarto Rican, e	etc.)	Blad	ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		I L YES	2 NO Specif	y:		Spe	White
15. DECEDENT'S E	DUCATION	16a.	DECEDENT'S USUAL	OCCUPATION	N	16b, KIND	OF BUSINESS	INDUSTRY	***************************************
(Specify only highest gra	de completed)		(Give kind of work do: life. Do NOT use retired	ne during mos	at of working				
Elementary/Secondary (0-12)	College (1-4 or 5	+)							
pre-school	-		***		10 MOTHED'S M	AME (First, Middle,	Mairian Cumo	-1	
								-,	
William F. Lyon					-	A. Shel			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDR						
Mr.& Mrs. Willia	m F. Lyon	1 8	3948 Reis	terst	own Rd.	Pikesvi	ille, 1	1D 2	1208
20a. METHOD OF DISPOSITION			CE AND DATE OF D		(Name	DATE	20c. LOCATION	— City or	Town, State
1 ☐ Buriel 2 ☑ Cremation 3 ☐ Ro	emoval from State		ary, crematory or other	er piaca)					
		- 16 9 rr r	oll Crema	tion	TNC.	1/14/92	2 Hamp	stead	· MD
IN MONATURE OF FUHERAL SERVICE	LICENSEE	- Icarro	oll Crema	TION 2. NAME AN	INC.	1/14/92 ACILITY	2 Hamps	stead	, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	OO		Loring	Byers	Funeral	Direc	tors.	Inc.
· Shops	w. Ke	llne	2	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc.
23. PARTA. Enter the diseases, of	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc.
23. PART / Enter the diseases, c ahock, or heart failur	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113
23. PART. Enter the diseases, cahock, or heart failur	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PARTI. Enter the diseases, c ahock, or heart failur IMMEDIATE CAUSE (Final	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PART. Enter the diseases, cahock, or heart failur	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PARTI. Enter the diseases, cahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PART./ Enter the diseases, cahock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, laading to immediate	w. Ke	Plne et coused the	death. Do not en	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PARTI. Enter the diseases, of ahock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury)	a. Due To	et ceused the use on aach li	death. Do not en ine. SEQUENCE OF): SEQUENCE OF):	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
23. PARTA. Enter the diseases, of ahock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due To	Plne et coused the	death. Do not en ine. SEQUENCE OF): SEQUENCE OF):	Loring 8728	Byers Liberty	Funeral Road F	Direc Randall	tors,	Inc. n, MD 2113 Approximate
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23. PART I. Enter the diseases, or shock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions or conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO d. HOSPITAL: 1 Inpetient 2	of Corner of Cor	death. Do not en ine. SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the	undarlying 28. PL EER: Nursing Hom	g cause given in	Funeral Road F ch ae cardiec o Class Part I. 24a. 1 Check only one) 6 Other (Spe	Directandally respiratory WAS AN AUTOF PERFORMED? VES 2 No.	tors, stown arrest,	Approximate interval Betwonset and D
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23. PART I. Enter the diseases, of shock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in the conditions i	b. Complications the List only one ce a. DUE TO C. DUE TO d. List only one ce a. DUE TO C. DUE TO C. DUE TO C. LIST ONLY TO C. DUE TO	DUNCE Int ceused the ruse on asch il COMMAN A CON O (OR AS A CON O (OR AS A CON O death but no ER/Outpetien DE INJURY Dey, Year)	death. Do not en ine. SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the	undarlying 28. PL LER: Nursing Hom A 1	g cause given in LACE OF DEATH (DAY) ACE OF DEATH (DAY) TOTAL T	Tuneral Road F ch ae cardlec o Consumer of the	Direct and Autority (Street and Number and N	tors, stown arrest, 2	Approximate interval Betwonset and D Approximate interval Betwonset and D Ab. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART / Enter the diseases, of shock, or heart failur immeDiaTE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in the conditions in death of the conditions in the cond	b. Complications the List only one ce a. DUE TO C. DUE TO d. List only one ce a. DUE TO C. DUE TO C. DUE TO C. LIST ONLY TO C. DUE TO	DIVIDUAL STATE OF INJURY — A	death. Do not en ine. SECUENCE OF): SECUENCE OF): SECUENCE OF): Ot resulting in the of injury 28b. Time Of injury	undarlying 28. PL LER: Nursing Hom A 1	g cause given in LACE OF DEATH (DAY) ACE OF DEATH (DAY) TOTAL T	Tuneral Road F Ch se cardiec of Company Character of Company Character of Character	Direct and Autority (Street and Number and N	tors, stown arrest, 2	Approximate Interval Betwonset and D Approximate Interval Betwonset and D Ab. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions and the conditions are under the conditions and the conditions are under the con	b. Complications the List only one ce a. DUE TO C. DUE TO d. List only one ce a. DUE TO C. DUE TO C. DUE TO C. LIST ONLY TO C. DUE TO	DINUE OF INJURY — A G, etc. (Specify)	death. Do not en ine. SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the control of the control	undarlying 28. PL See IN Loring 28. PL Loring Lo	g cause given in	Tuneral Road F ch ae cardlec o Check only one) 6 6 Other (Spe 286. LOCATION City or Tow	Direct and Numer, Stere)	tors, stown arrest, 2 OCCURED mber or Run	Approximate Interval Betwoen and Day of Death? 1 Yes 2 No

SINA

39. REGISTRAR'S SIGNATURE
Julia Davidson-Handale

JAN 18 1992

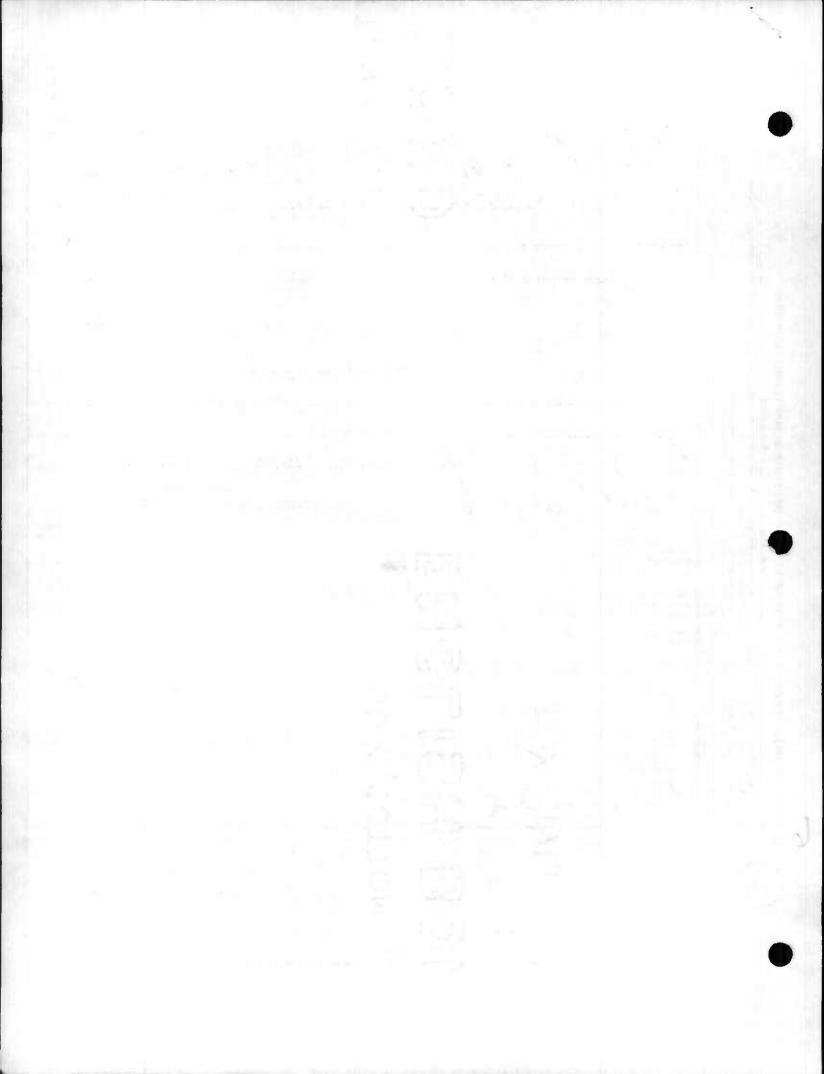
40SPITAL

BALT. MD 21215

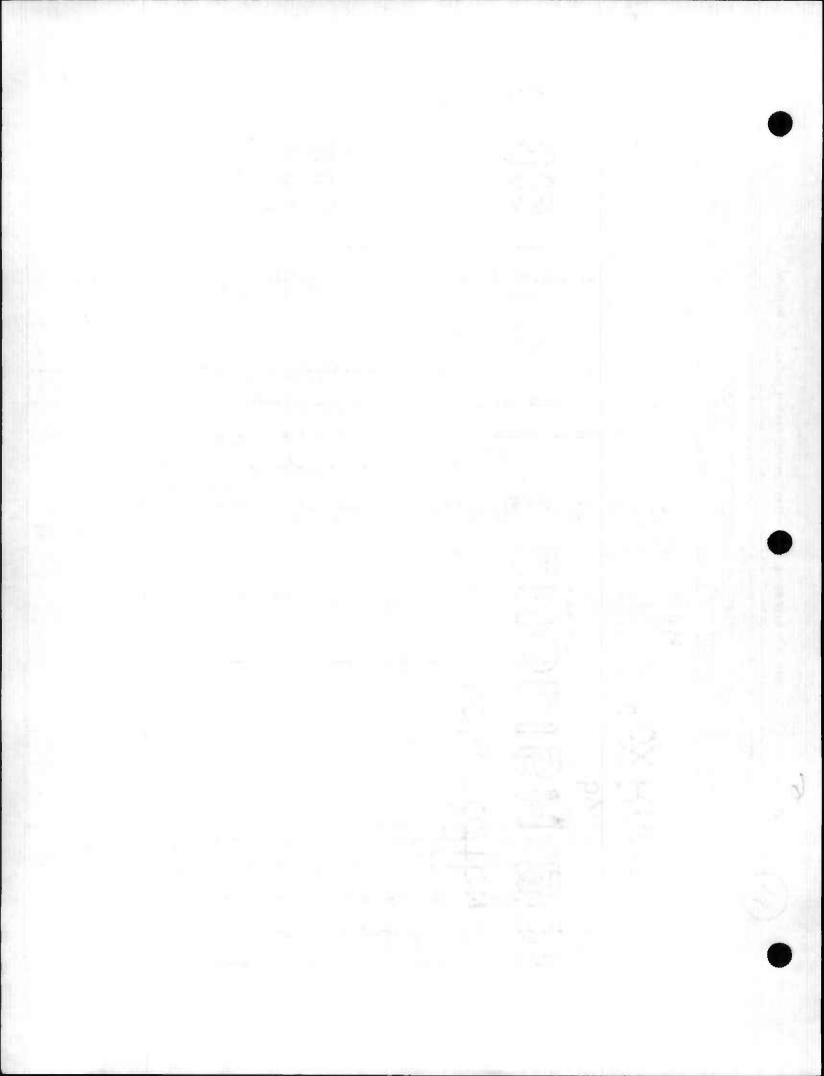
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
IRMA Lail	ber Tr	ma H. I	Lauber			MONTH D	Y YEA	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign
215-12-1371	1 M 2 DF 69	YRS.	IONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	12 "	miry)
9e. FACILITY NAME (If not institution, give street	et and number)	1	Db. CITY, TOW	N OR LOCATIO	ON OF DI		9c. COUNTY O	F PEATH
STTOSANH	HACD:TA	1-	Thi	1500	2		BAL	timore
RESIDENCE OF DECEDENT	11031111			2301			DIF	11/10/
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland Bal	Lto.]	Parkvi	lle			1 TES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN (F WHAT COUNTRY?
1531 Orla	indo Rd.			21	234			U.S.A.
	12. WAS DECEDENT EVER I					NIC ORIGIN? (Specify Yes	or No- 14. F	ACE - American Indian, liack, White, atc.
1 Never Merried 2 Merried	IF YES, GIVE WAR OR D			ES MX NO		n, Puerto Rican, etc.) y:		pecify:
3 Widowed 4 Divorced		2011						White
15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPA	TION most of working	g	16b. KIND OF BU	SINESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			-		
9		Home	emaker			OW	n Home	
17. FATHER'S NAME (First, Middle, Last)				16. MOTI	HER'S NA	ME (First, Middle, Meiden	Sumeme)	
George J.	Sellman				Em	na Bran	dt	
190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	et and Number	or Rural	Route Number, City or Tow	n, State, Zip Code)
Mr Leroy M. Laub	er	5	Same a	s 10e			diam'r.	
20e. METHOD OF DISPOSITION 1∰Buriel 2 ☐ Cremation 3 ☐ Remov	20	b. PLACE AND DATE (ON (Name	255	DATE 20c. LC	CATION — City of	r Town, State
4 Donetion 5 Other (Specify)		Greland N		k. 14	16/	92 Ba	lto. Md	•
21. SHIMATURE OF FUNERAL SERVICE LICE	NSEE /	/	22. NAME	AND ADDRE	SS OF FA			03.004
> /V /1 /	VI.d. / K		1000			1050 Funeral H		. 21204
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initized events.		A CONSEQUENCE OF) A CONSEQUENCE OF)	auph	oma				month
resulting in death) LAST d. PART II. Other significant conditions	contributing to death	but not resulting in	the underly	ying ceuse	given in			24b. WERE AUTOPSY FINDIN
GI bleedi	ng		4			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF D	EATH (C	heck only one)	1	
EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:			8 Other (Specify)		
27. MANNER OF BEATH	28a. DATE OF INJURY	28b, TIME	OF 28c.	INJURY AT	3.031100	26d. DESCRIBE HOW	INJURY OCCURE	D
1 Pending	(Month, Day, Year)	INJU	IRY	WORK?	NO	- 1000000000000000000000000000000000000		
Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, st				28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
Crieck orny	IAN: To the best of my know			n, death occu		time, date end place, e	nd due to the ce	use(e) end manner ee stated
William Bich	MA			7	41	333	1/1	4/92
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,		l S	 	Balti.	rore t	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE NAME	No.					



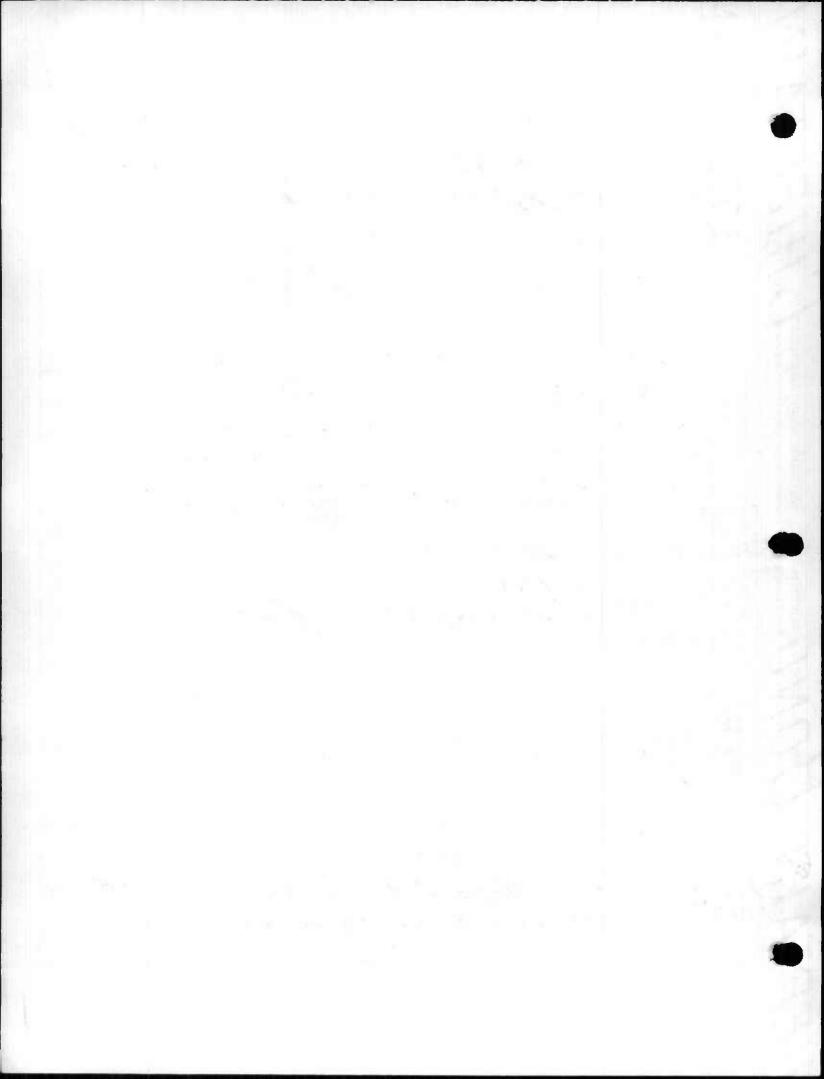
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGII		
2.00	1. DECEDENT'S NAME (First, Middle, ARRO 4. SOCIAL SECURITY NUMBER	44		KARD	2. DATE OF DEATH	3 9	2 10 mm
В	2.12-07-825 90. FACILITY NAME (If not institution,	52 1× M2 DF	73 YRS. MON	CITY, TOWN OR LOCATION OF	(Month, Day, Year 12/22 DEATH	/1918	BIRTHPLACE (State of Foreign Country) Maryland Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDEN 10e. STATE 10b. CO		10c. CITY, TO	BALTI MOR WIN OR LOCATION 1 to .	E /Aly		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	Lachlan Circl		101. ZIP CODE 21239)	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex 1 YES 2 NO Spe	PANIC ORIGIN? (Specify tican, Puerto Rican, atc.)		I. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5+)	Ilfe. Do NOT use reti	fone during most of working red.)		BUSINESS/INDU	STRY
_	17. FATHER'S NAME (First, Middle, Le		I Chief Pay		NAME (First, Middle, Mail	den Surname)	Shipyard
TO BE	Carroll 19a. INFORMANT'S NAME (Type/Print		19b. MAILING ADD	RESS (Street and Number or Ru	elia Nas rel Route Number, City or		ode)
	Mrs Margaret 20e. METHOD OF DISPOSITION 20 Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify	Removal from State	20b. PLACE AND DATE OF metary, crematory or or Meland Me		1	Balto.	
33	21. SIGNATURE OF FUNERAL SERV	LE LICENSEE	K.	22. NAME AND ADDRESS OF Ruck Towson	FACILITY 1050		d. 21204
CERTIFICATION	23. PART I. Enter the disease abook, or hast fel IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST	s. CONDUE TO (OR A	asch line.	lest foil	lure Sease	spiratory street	st, Approximate Interval Betwo Onset and De
MEDICAL	PART II. Other significent con	ditions contributing to deat	h but not resulting in th	e underlying cause given	PER	AN AUTOPSY FORMED? S 2 NO	24b, WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA 4 F	26. PLACE OF DEATH THER: Nursing Home 5 GResiden	and the same and		
	27. MANNER OF DEATH 1 Natural 5 Pending Investig	28a. DATE OF INJUI (Month, Day, Yea	RY 286. TIME OF	M. INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCU	PRED
TED BY	2 Accident investig 3 Suicide 6 Could r 4 Homicide determi	28a. PLACE OF INJU-	URY — At hope farm street	t sectory office	281. LOCATION (So City or Jown, S	end Number o	r Rural Route Number,
COMPLETED	most and a second	PHYSICIAN: To the best of my kr					
BE CC	296. SIGNATURE AND TITLE OF CE			29c, LICENSE			SIGNED (Month, Day, Year)
ОТ	30. NAME AND AGORESS OF PERS Anis Ansari 31. DATE FILED (Month, Day, Year)	M.D5601	Lock Payon I	31vd. 21239		1	19/12



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

urs after death. Page 6 may be retained by the hos	imed in by the funeral director, page 5 should be detach on, or removal.	he medical examiner must be notified at once.
asserting DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hos	REMEM, DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the first bears after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TATE II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			NTAL HYGIENE REG. NO.		90303
1	1. DECEOENT'S NAME (First, Middle, Last)	GERTRUDE C.	LAMBRECH	Three		DATE OF DEATH	- 9 YEAR	3. TIME OF DEATH COOP M
	4. SOCIAL SECURITY NUMBER / .220-24-0650	10 M 2 DF 83	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	Mary	yland
20	96. FACILITY NAME (If not institution, give 205 St. MARKS WA			Nest	B LOCATION OF DEATH	90	CANYO	EATH (//
DIRECTOR	10e. STATE 10b. COUNT Maryland Carr			tminst				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNEHAL	100. STREET AND NUMBER 205 St. Marks W	lav		101	21157	10	U.S.A	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 200	If yes, sp	ENDENT OF HISPANIC Of the city Cuban, Mexican, Por 2 NO Specify:		No — 14. RACE Black Speci	American Indian, , Whita, etc.
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 YYS	JCATION e completed) College (1-4 or 5 +)	6e. DECEDENT'S USE (Give kind of work life. Do NOT use re HOUSEW	done during mo tired.)	DN st of working	18b. KIND OF BUSINE	SS/INDUSTRY	
200	17. FATHER'S NAME (First, Middle, Last)		nousew	TIE	18. MOTHER'S NAME (First, Middle, Maiden Surr		
BEC	William A.	Wietscher			Bessie		chroede	r
2	19a. INFORMANT'S NAME (Typo/Print) Betsy Townsend			Contract of the Contract of th	nd Number or Rural Route Rd. Towson			
	20s. METHOO OF DISPOSITION 1 DXBurtel 2 Cremetion 3 Rer 4 Donatton 8 Other (Specify)	noval from State	PLACE OF DISPOSITION (ther place)	ON (Name of cer		20c. LOCAT	ION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	Towson Fun York Rd. T	m neral Home	. Inc.	
MOURALION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	s. House to one and the course of the course	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	diti-	Type I	e cerdiec or reepireto	ory street,	Approximate interval Batween Onset and Death
	that initiated events resulting in daeth) LAST	d	ONSECUENCE OF).		0			
MEDICAL	PART II. Other aignificant condition	ns contributing to deeth but	not resulting in t	the underlyin	g cause given in Par	t i. 24s. WAS AN AUT PERFORME 1 PES 3	D?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Check of			
BY PHTS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	Residence 8 DURY AT 28-0RK? YES 2 NO	d. DEŞCRIBE HOW INJU	RY OCCURED	
2	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, atc. (Specify	- At home, farm, stre	et, factory, offic	9 28	f. LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,
COMPLE	onel -	BICIAN: To the best of my knowled						s) and menner as stated.
2	29b. SHGNATIVE AND TITLE OF THE	Jul/-	19		29c. LICENSE NUMBER	R 29	d. DATE SIGNED	(Month, Day, Year) -13-92
2	GO-MAME AND ADDRESS OF PERSON W				Do Like	01355	. 1	10.59
	Dean H. Griffi	n M.D. 19 R		westmi	nster, Md.	2115/		



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	ffe	# 5	<u>e</u>
	5	Par Par	P
	100	P	E
ļ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dent of Health and Mental Hinteles bring to having cremanian or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMEN	TOF H	IEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO	_	E.u	00339
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
	Charley		M	ios1e	e y				1	3	-17	9 2	12:20 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		ER 1 YEAR	IF UNDER		7. DATE OF	BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
		1 XM 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.		- 1 90:	3	Count	77)
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	TY, TOWN	OR LOCATIO	N OF DE			_	NTY OF E	DEATH
O	1814 Ashla	nd Ave.			Ba	alti	more					na	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			T 40. 017		OR LOCAT							
DIRECTOR				100. 011									10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	<u>na</u>					more						1 YES 2 NO
FUNERAL	1814 Ashland Av	zonijo.				101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II C A	01100	-			212					
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	13	If yes, sp	ecify Cuban	i, Maxicar	IIC ORIGIN?	Specify Yes an, etc.)	or No-	14. RAC Blac	E — American Indian, k, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 YES	2 NO	Specify				Spec	My: Black
ED	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL	OCCUPATION	ON		16b, K	IND OF BUS	SINESS/INF	USTRY	2-4071
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	100	Give kind of v b. Do NOT us	work done se retired.	during mo	st of working	7			311123311112	,031MI	
APL			·										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mid	dle, Maiden	Surname)		
BE													
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	nd Number o	or Rural R	loute Number,	City or Town	n, State, Zip	Code)	
ř	ocme												
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem		20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		OATE	20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	n state	cemetery, cn		ther place)			1				
	21. SUCHATURE OF FUNERAL SERVICE LIN	ENSEE Ronal	d Wade,	Dîr	22	. NAME AN	D ADDRES	S OF FAC	HLITY S	TATE	ANAT	YMOT	BOARD
	mans 11	dless	1-15-	92	6	55 W	. Bal	timo	ore S	t, Ba	lto.	, MD	21201
	23. PART I. Enter the diseases, or shock, or heart failure	opmolications the	t caused the de	eath Do r	not ente	r the mo	de of duin	a such	an condic				
	Sindsky or modit failure.	List Dniy one ceu	ae on eech line		1	- 110 110	do or dyni	g, aucr	I aa ceruie	c or reap	atory err	eet,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	0//	h. non	//-	1	/_'		_			1		Onset and Death
	reaulting in death)	a. OUE TO	(OR AS A CONSE	OHENCE OF	WI	a	an	10	Ha	luc	1/1	se	wee
_		202 10	(On NO A CONSE	ODENCE OF	r):								
Ó	Sequentially list conditions,	b DUE TO	(OR AS A CONSE	OUENCE OF	٦.								
Ä	if any, leading to immediate cause. Enter UNDERLYING				,								
E	CAUSE (Disease or Injury thet Initiated evente	OUE TO	(OR AS A CONSE	OUENCE OF	T):								
CERTIFICATION	reculting in deeth) LAST	4											
22		u-											
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	a contributing to	death but not i	reculting i	n the u	nderiying	ceuse gi	ven in F	Part I. 24	e. WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS
5									_ 1	YES 2	/ NO		COMPLETION OF CAUSE OF DEATH?
M									_ 1				1 TES 2 NO
ä													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Chec	ck only one)				
YSI	1 💢 YES 2 🗌 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE	R: rsing Home	5 X Rasi	idence 8	B 🗆 Other (S	(pecify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TIMI	E OF	28c. INJU	JRY AT		28d. DESCR	IBE HOW IN	JURY OCC	URED	
BY	Accident Investigation		,,		M	_	ES 2	NO					
	3 Suicide a Could not be	28a. PLACE OF	F INJURY — At ho	me, ferm, s	treet, fec	tory, office			28f. LOCATI	ON (Street a	nd Number	or Rural R	toute Number,
1	4 Homicide detarmined		(-,,,						City or 1	own, State)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurre	d at the	time, data	and place a	and due 1	the cause	a) and men	ner as stet	ed.	
W	one) MEDICAL EXAMINE	R: On the basia of ax	amination and/or	investigation	n, In my	opinion, de	eth occured	d at the ti	Ime, deta an	d placa, and	due to the	a causa/s	and manner as stated.
	290: SIGNATURE AND PIPE OF CERTIFIES						29c. LIÇEN						
BE	LAD)x	1.in	R										(Month, Day, Year)
2	30. NAME AND AFFIREME OF PERSON WH	O COMPLETED CALLS	E OF OFFICE HTTP				0.0	. M.	Е.			1-4-	-92

Penn

Baltimore,

Street,

e el colo colo

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Lorraine Cather	ine.		N 1- 1 -	_	MONTH E	YEAF	
	4. SOCIAL SECURITY NUMBER 5. SEX		. last birthday)	Nickle IF UNDER I YEAR	F UNDER 24 HRS.	01 13	1992	
	214-40-0634 1 D M 2 X			MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 15,	Cor	RTHPLACE (State or Foreign intry)
		30	YRS.				1941 Ma	ryland
	9e. FACILITY NAME (If not institution, give street end number	7)		9b. CITY, TOWN	R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
BY FUNERAL DIRECTOR	449 Westfield Road			D 1 . 1	1.		n 1. 1	
5	449 Westfield Road			<u>Dundal</u>	K		Balti	more
H	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
D	Maryland Baltimore		Du	idalk				1 Tes 2 No
F	10e. STREET AND NUMBER		0007		ZIP CODE			
B	110 Wastlined Dood							F WHAT COUNTRY?
H	449 Westfield Road			2	1222		United	States
5	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S 1 YES 2	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No- 14. R/	CE — American Indian,
>	1 Never Merried 2 Merried FORCES? 3 Wildowed 4 Divorced FORCES?	VE WAR OR DATES	A) 4°	1 TYES	2 NO Specif	in, Puerto Ricen, atc.)	100	eck, White, etc.
	3 Widowed 4 A Divorced							White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e		SUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4	ov 5.4)	(Give kind of wi	ork done during mo retired.)	st of working	1272-1777		
7	10th grade		ashier			Mannit	t Park S	10000
S	17. FATHER'S NAME (First, Middle, Last)		wincer					nece
BE COMPLETED						ME (First, Middle, Maiden	Surname)	
黑	Charles Arnold				Thereso			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
F	Renee S. Nickles		6933 A	pt. DD	onachie	Road Balt	mara M	d 21230
	20e. METHOD OF DISPOSITION	20h BI A		DISPOSITION (Na		DATE 20c. LC		
	1 Buriel 2 Cremation 3 Removal from State	cemetery	crematory or oth	er place)	me or	-15-92 Tou	CATION — City or	Iown, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		cop ser	vice co	np. 1	-15-94 10V	uson, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Dudge	D ADDRESS OF FA	eral Home	al Dund	alla Tue
	1907 C	and.		7000	Ruck ruy	euc nome	ob vuna	acr, inc.
	23. PART I. Enter the disesses, or complications			1922	wise Ave	nue vundai	R, Mary	land 21222
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	E TO (OR AS A COM	SEOUENCE OF)	:	rulet	MA CUL	u /).	seuse
핑	d.							
EDICAL	PART II. Other significent conditions contributing	g to deeth but no	ot resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1						YES 2		COMPLETION OF CAUSE
	11chronmonia							OF DEATH?
-						_		TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL							
	EXAMINER? HOSPITAL	:		26. PL	ACE OF DEATH (Ch	ock only one)		
$\overline{\circ}$	1100111AL	2 ER/Outpatient			5 X Residence	6 Other (Specify)		
YSICI			26b. TIME			26d. DESCRIBE HOW I	NJURY OCCURED	
HYSICI	1 XYES 2 NO 1 Inputent 27. MANNER OF DEATH 289. DAT	E OF INJURY			101			
Y PHYSICIAN: M	1 XYES 2 NO 1 Inpetient 27. MANNER OF DEATH 1 Neture 5 Pending	E OF INJURY th, Day, Year)	INJU	RY WO	ES 2 NO			
B	1 XYES 2 NO 1 Inpetient 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 2 Replain	th, Day, Year)		M 1 🗆 Y	ES 2 SANO	284 LOCATION (Street	and Mumber on Dura	
B	1 XYES 2 NO 1 Inpettent 27. MANNER OF DEATH 1 Accident Investigation 3 Suicide 28e. PLA 28e. DAT (Mon			M 1 🗆 Y	ES 2 MIO	261. LOCATION (Street of City or Town, State)	and Number or Rura	I Route Number,
B	27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLA 28e. PLA 28e. PLA 28e. PLA built	th, Day, Year) CE OF INJURY — A		M 1 🗆 Y	ES 2 NO	281. LOCATION (Street of City or Town, State)	and Number or Rura	! Route Number,
B	1 XYES 2 NO 1 Inpettent 27. MANNER OF DEATH 1 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLA 4 Homicide 6 Could not be determined	th, Dey, Year) CE OF INJURY — At ling, stc. (Specify)	home, farm, str	M 1 7		City or Town, State)		l Route Number,
B	27. MANNER OF DEATH 1	th, Day, Year) CE OF INJURY — Alling, etc. (Specify) at of my knowledge,	home, ferm, sti	M 1 N	and place, and due	City or Town, State) to the ceuse(s) end mer	iner ee stated,	
COMPLETED BY	27. MANNER OF DEATH 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besie	th, Day, Year) CE OF INJURY — Alling, etc. (Specify) at of my knowledge,	home, ferm, sti	M 1 N	and place, and due	City or Town, State) to the ceuse(s) end mer	iner ee stated,	
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BE COMPLETED BY	27. MANNER OF DEATH 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besie	th, Day, Year) CE OF INJURY — Alling, etc. (Specify) at of my knowledge,	home, ferm, sti	M 1 N	and place, and due with occured at the 29c. LICENSE NUM	City or Town, State) to the ceuse(s) end mer time, date end place, en	d due to the ceuse	(e) end menner ee atsted. D (Month, Day, Year)
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BE COMPLETED BY	27. MANNER OF DEATH 1	th, Dey, Year) CE OF INJURY — Alling, stc. (Specify) at of my knowledge, of examination end.	death occurred for investigation,	M 1 Veet, fectory, office at the time, date in my opinion, do	end place, end due inth occured at the 29c. LICENSE NUM	City or Town, State) to the ceuse(s) end mer time, date end place, en IBER . E	oner ee atated. d due to the ceuse 29d. DATE SIGNE	(e) end menner ee stated. ED (Month, Day, Year) 4 1992
BE COMPLETED BY	27. MANNER OF DEATH 1 Neturel 2 Accident 3 Suicide 4 Homicide 20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bester SIGNATURE AND TILL OF CERTIFIER 10. NAME AND ADDRESS OF PERSON WHO COMPLETED FARNIK T. PENETTIL.	th, Dey, Year) CE OF INJURY — A liling, stc. (Specify) at of my knowledge of examination end. CAUSE OF DEATH (death occurred for investigation,	M 1 Veet, fectory, office at the time, date in my opinion, do	end place, end due inth occured at the 29c. LICENSE NUM	City or Town, State) to the ceuse(s) end mer time, date end place, en IBER . E	oner ee atated. d due to the ceuse 29d. DATE SIGNE	(e) end menner ee atsted. D (Month, Day, Year)
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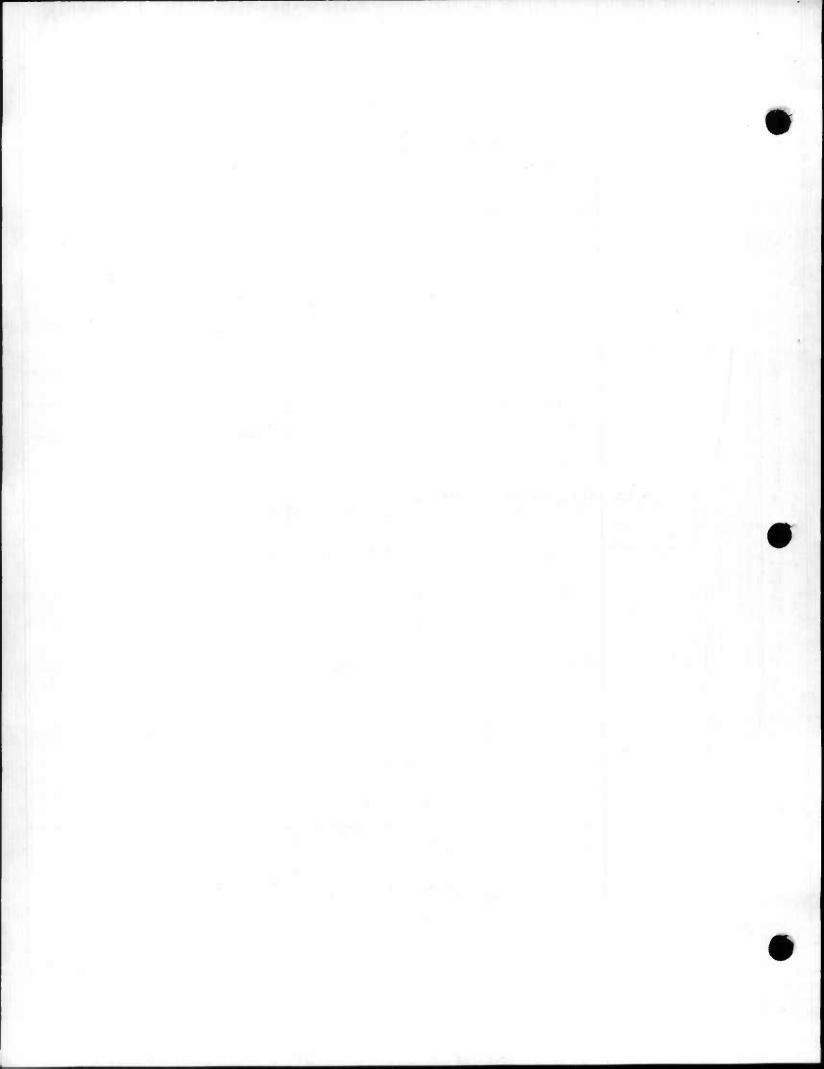
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or anending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-thansit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F OEATH			3. TIME OF DEATH
	Edith	G. Per	nsmith				Janu	ary 1	Å. 19	92	12:10
4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER 1 YEAR	IF UNDER	-	7. DATE O	F BIRTH		8. BIRTI	IPLACE (State or Fore
219-34-0057	1 M 2 🗆 F	93	YRS.	MONTHS DAYS	HOURS	MIN.		1-189	98	Count	aryland
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN			ATH		9c. COU	NTY OF D	DEATH
Wilson Health	Care Cen	ter		Gaithe	rsbur	'g			Mo	ontg	omery
10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA							10d, INSIDE CITY
	timore			Perry	Hall						1 YES 2 N
10e. STREET AND NUMBER				10	f. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
Vale Drive						1236				U	ISA
11. MARITAL STATUS 1 Never Married 2 Merried		1 YES 2		13. WAS DE-	CENDENT OF	HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYES	2 0 NO	Specify		,,		Spec	tty:
15. DECEDENT'S EDU	JCATION	10e.	DECEDENT'S	USUAL OCCUPATI	ON		16b. F	(IND OF BUS	INFSS/INF	HICTRY	White
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT us	work done during me se retired.)	ost of working	7	100.	MIND OF DO.	MACOGIANA	JUSTRI	
		,	Housew	ife				Hon	nemak	ing	
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAM	AE (First, Mil	idle, Maiden			
Augustus Ely							Thom				
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (Street	and Number	or Rural R	loute Number	City or Town	n, State, Zip	Code)	24200
Robert Pensmith				Pine Me		Ur.	Spri	ng Hi	11, 1	Ta.	34606
20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem	noval from State	20b. PLAC	CE AND DATE	OF DISPOSITION (Na	ame of		OATE		CATION —		
Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CFNOES	_ Par	kwood	Cemeter			18/9	2 Ba	ltimo	ore,	Md.
- Lasarha 3	CENSEE	. 51		Lassa	hn Fi	S OF FAC	al Ho	mo.			
Xasself =	-/ a. a / Ana V			1 54000		11107 (T IIU	HILES			
				7401	Belai	r Ro	oad.	Balti	more	. MD	
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23. PART I. Enter the disesses, or ehock, or heert failure. IMMEDIATE CAUSE (Finel	complications that Liet only one cer	it caused the uee on each l	deeth. Do r	7401 not enter the mo	Belai	r Ro	oad.	Balti	more	MD est,	Approximets interval Bets Onset and D
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

TAWFIK CHAMI, MB CEN
FRANCIS SCOTT KEY MED. CEN

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

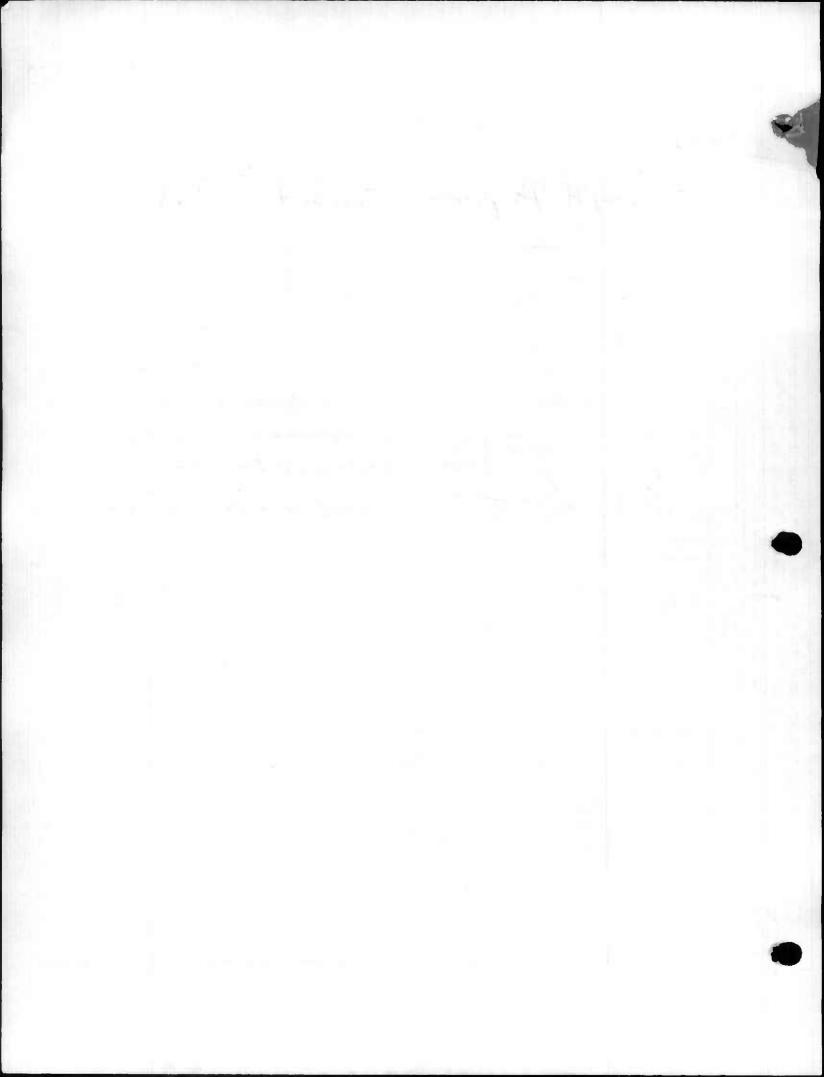
JAN 18

	1. DECEDENT'S NAME (First, Middle, Lest)	W PA	yn W. Pau	e OF DEATH		DAY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX	VRS. IF UNDE	R 1 YEAR IF UNDER 24 HR DAYS HOURS MIN	S. 7. OATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreignatry)
стов	212-50-4033 90. FACILITY NAME (If not institution, give stre	ot and number) HOSpitA	9b. CIT	y, town or location of		9c. county of	Maryland OF DEATH LTIM DK
DIREC	10a. STATE 10b. COUNTY	alto.	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 AND
A	10e. STREET AND NUMBER	aico.	Timoni	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	2220 Westridge 11. MARITAL STATUS 1 Never Merried 2 1 Merried 3 Widowed 4 Diverced	RC. 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES		PANIC ORIGIN? (Specify Yoxican, Puerto Rican, etc.)	ne or No- 14. 1	RACE — American Indian, Black, White, etc. Specify:	
LETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	ite. Do NOT use retired.	during most of working)	16b. KIND OF BU	USINESS/INDUSTR	
at once.	17. FATHER'S NAME (First, Middle, Lest) Charles H. Uh	ina	Homemake	18. MOTHER'S	NAME (First, Middle, Maide		
TO BI	19a. INFORMANT'S NAME (Type/Print) William A. Paul		19b. MAILING ADDRES		ural Route Number, City or To		
examiner must b	20s. METHOD OF DISPOSITION 1 & Burlel 2 Commellon 3 Remore 4 Donation 5 Office (Specify) 21. SIGNATURE OF PUREFUL SERVICE LICE	val from State other	place) eland Mem	Pk. NAME AND ADDRESS OF	1/20/92 F FACILITY	Balto. York Rd.	Md.
medical	23. PART I. Enter the diseases, or co	emplications that caused tha	death. Do not ante	ar the mode of dying,	n Funeral Ho such sa cardiac or rea	piratory screet,	Approximat
2	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition reaulting in death)		na.	or Accia	Cent		Interval Bet
event, the	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	OUE TO (OR AS A CONS A there DUE TO (OR AS A CONS CABE DUE TO (OR AS A CONS	UNS CUL SEQUENCE OF): SCLUOT SEQUENCE OF): FCS MU	elitus	lent ouisease		Interval Bet
ury, or other traumatic event, the CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONS DUE TO (OR AS A CONS DIE TO (OR AS A CONS DIE TO JOR AS A CONS Contributing to death but no	UNS CUL BEOUENCE OF): SCLUOT SECUENCE OF): FLS MU BEOUENCE OF): EL FLN SI	elitus underlying cause given	n in Part I. 24a. WAS A	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
, or item 23 shows any injury, or other traumatic event, the IYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Regulations Regulations Regulations 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Cerebood OUE TO (OR AS A CONS A The vo DUE TO (OR AS A CONS O OB CONS CONTRIBUTION OF AS A CONS	SEQUENCE OF): SCLUST SEQUENCE OF): SEQUENCE OF): LETTER SI OTHING TO DOA 4 N	underlying cause given 28, PLACE OF DEATH ER: uraing Home 8 - Residen	In In Part I. 24s. WAS A PERFO 1 TYPES A (Check only one) The control of the co	IN AUTOPSY DRMED? 2 - NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
item 23 shows any injury, or other traumatic event, the SICIAN: MEDICAL CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Regular facility 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Cereboo OUE TO (OR AS A CONS A there DUE TO (OR AS A CONS O to be DUE TO JOR AS A CONS Contributing to death but no Plue to be presented.	SEQUENCE OF): SCHOOT SEQUENCE OF): SEQUENCE OF):	28. PLACE OF DEATHER: uraing Home 8 Reside: 28. INJURY AT WORK? 1 YES 2 NO	In Part I. 24e. WAS A PERFO 1 YES 1 YES 1 (Check only one) noe 8 Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 NO 7 INJURY OCCURE	Interval Bet Onset and I 24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATHY 1 YES 2 NO

ordell.

DHMH-18 Rev 1/89

ENTER, 4940 EASTERN AVE, BALTO. MD 21224

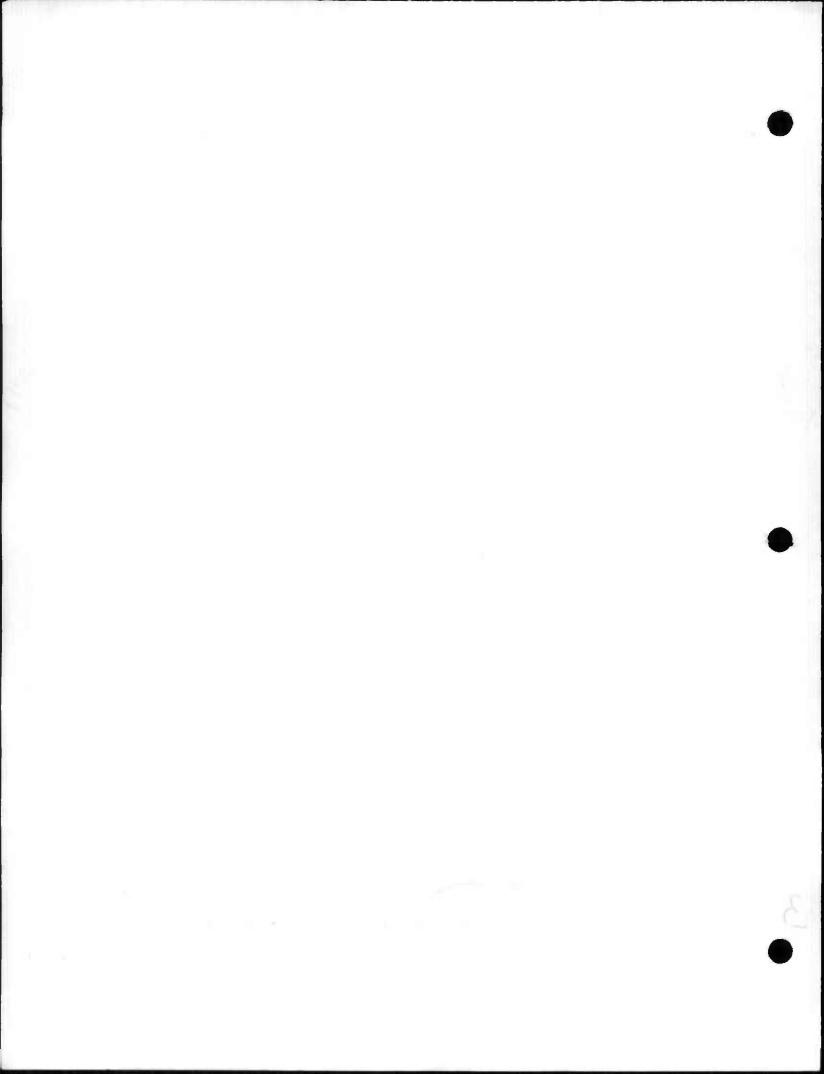


PE WISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

 e as the burial-transit		
 ould be detached for us	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	led at once.
ctor, page 5 sh		nust be notif
the funeral dire	wal.	i examiner n
 lely filled in by	nation, or remo	t, the medica
ian and comple	or to burial, crei	aumatic even
ittending physic	tal Hygiene pric	4, or other tr
signed by the	Health and Mer	ws any injur
ificate has been	State Dept. of	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I: After this cert	r death with the	is marked, o
3AL DIRECTOR	72 hours after	If Item 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

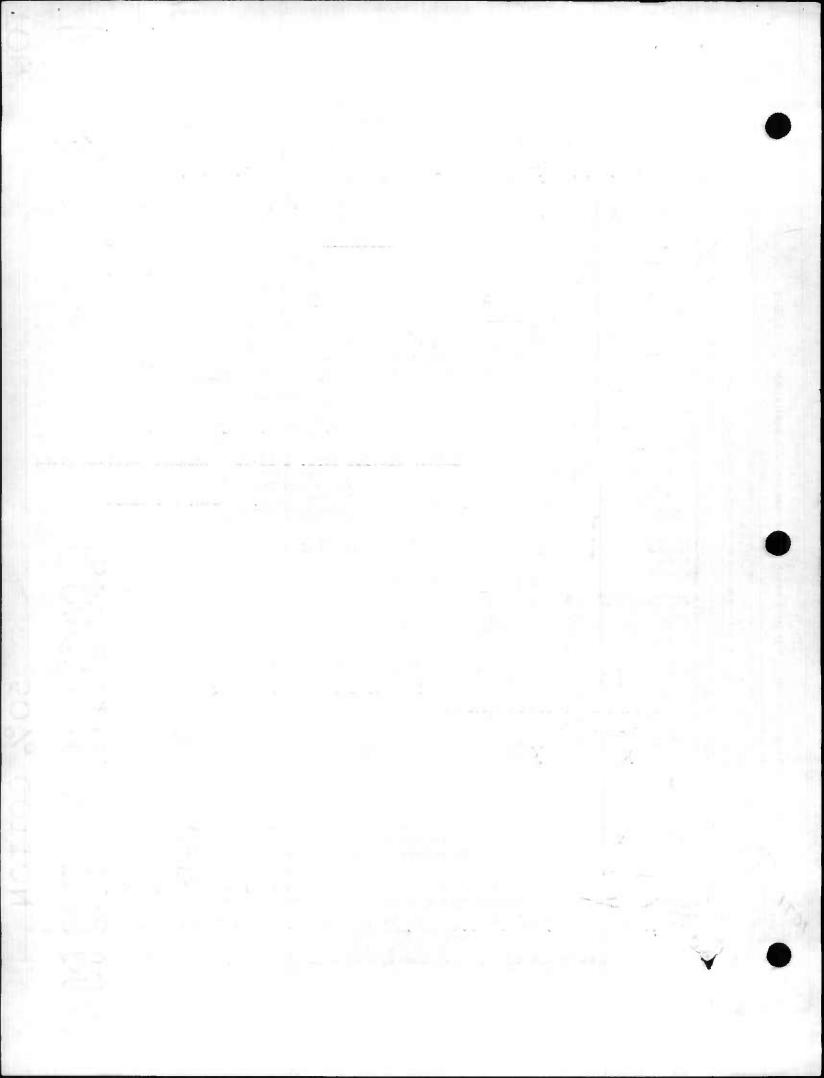
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) George Po	appakosmas				2. DATE O	F DEATH	92	AR	AE OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER 218-32-4463	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF	Day, Year)	189 4	Gree	(State or Foreign
TOR	99. FACILITY NAME (If not institution, give streets) Berlin Nursing Horsperson			вь. сітч, тоwn с Berli	OR LOCATION OF DE	EATH		Warces		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCA	TION				10d.	INSIDE CITY
10	Maryland Worces 100. STREET AND NUMBER	rlin Io	f, ZIP CODE			10g. CITIZEN	YES 2 NO			
KER/	4545 Ocean Pine			21811			U.S.A	١.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 XXWidowed 4 Divorced	N U.S. ARMED 2 XNO ATES	If yes, sp	CENDENT OF HISPAI Hecify Cuben, Mexica 3 2 X NO Specifi	in, Puerto Ric	(Specify Yee can, etc.)		RACE — An Black, Whit Specify: W		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12) 4 yrs.	isual occupation done during more retired.)	ne during most of working d.)							
COM	17. FATHER'S NAME (First, Middle, Last)	appakosmas		arre own	18. MOTHER'S NA	ME (First, Mi				
TO BE	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numbe			ie)	
	Frank G. Pappas 20a. METHOD OF DISPOSITION 1 Burlel 2 Commellon 3 Farmond 4 Donetton 6 Other (Specify) Ent	el from State	b. PLACE OF DISPOSI other place)	TION (Name of ce			20c. LO	CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donestion & Content (Specify) Entomoment Greek Orthodox Cemetery 1/20/92 Woodlawn, Marylan 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 Yor Towson. Marylan 1050 Yor 1050 Yo									
CERTIFICATION	shock, or heart failure. Li immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	23. PART I. Entar the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) ACULE M. I. DUE TO (OR AS A CONSEQUENCE OF): CAD DUE TO (OR AS A CONSEQUENCE OF): Age CAUSE (Disease or injury)								Approximate interval Between Onset and Deeth
	PART II. Other eignificent conditions Pneumonia	contributing to death	but not reaulting in	the underlying	ng cause given in		24a. WAS AN PERFOR	PRMED? AVAILABLE I		E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
: MEDICAL	Previous CVA's		_				1 YES 2	□ NO		EATH? YES 2 NO
PHYSICIAN:		HOSPITAL:	spetlent 3 DOA	OTHER:	PLACE OF DEATH (C)					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		JURY AT ORK? YES 2 NO	28d. DE\$0	CRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, si ecify)	treet, factory, offi	ce		TION (Street of Town, State)	end Number or I	Rural Route I	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSIC 2 🗌 MEDICAL EXAMINER	IAN: To the bast of my know: On the basis of exemination							euse(e) and	menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~~			D0202	IMBER 26		29d. DATE SI		· · · · · ·
5	30. NAME AND ADDRESS OF PERSON WHO #1622A Ocean Pin	es, Berlin,	MD 2181	•	derico G.	Arth	nes, M			
	31. DATE FILED (Month, Day, Near)	32/ REGISTRAR'S SIG	NATURE Lawydown	P-200	4					DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

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1	37	See		
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. P.	or removal,	medical examinar must be notified at once
	2	Bed	, O	E E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The national PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	AD INTECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	I have a more death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the marked or them 23 shows any lating or other trainmatic event the medical examiner must be notified at once

	1 - STATE REGISTRAR	SIAIL OF MAILE		ERTIFICAT			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) C. Davis Ru	CHARLES	DAV	'IS RUHI	,		2. DATE OF DEATH MONTH B	YE 96	3. TIME OF DEATH		
	2 5 11/ 22/1/	5. SEX 6. AGE	(In yrs. les:	t birthday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)		Country)		
TOR	9a. FACILITY NAME (If not institution, give stre ST, JOS GAM HO RESIDENCE OF DECEDENT	EATH	BC, COUNTY	of DEATH							
DIRECTOR	10a. STATE 10b. COUNTY Maryland	U		10c. CITY, TOWN	or locat				10d. INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	10s. STREET AND NUMBER 1227 Cedarcroft	Road				. ZIP COOE 1239			of what country? A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 12 YES IF YES, GIVE WAR OR D WW II	2 N		If yes, spe		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Gilfe.	CEDENT'S USUAL (ive kind of work done Do NOT use retired.	during mo	st of working	16b. KINO OF BU		RY		
OMPL	17. FATHER'S NAME (First, Middle, Last)		Pr	oject Ma	nage		Bendia AME (First, Middle, Maiden	Corp.	-		
BE	Harry Ru 19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		do)			
2	Thomas C. Smoot 20a. METHOD OF DISPOSITION 1 Gurial 2000 Cremation 3 General	rel from State	b. PLACE	AND DATE OF DIS	POSITION	(Name	DATE 200.10	21204 CATION — City	or Town, Stata		
	1 Buriel 2/CX Cremetion 3 Removed from State Of cemetary, cremetory or other place) 4 Donetton 5 Other (Specify) Hilltop Service Corp. 1-15-92 Towson, Maryland 21204										
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As A consequence of): A R TERIOX LERO IIC CARDIOVAS CYLAR DISEASE										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS									
MEDICAL	PART II. Other significant conditions IT R AZ IV TULMOVARY ASCITES	CONTRIBUTING TO GEATH SUFICIE EDEMF	NC	7			Pert I. 24a. WAS AI PERFO 1 VES	RMED?	24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:	tpatient 3	OTHE	R:	LACE OF DEATH (C	theck only one) 6 Other (Specify)		0.0		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		IURY AT DRK? YES 2 NO	28d, OEŞCRIBE HOW	INJURY OCCUR	ED		
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	tY — At he	ome, farm, street, fa	ctory, offic		26f. LOCATION (Street City or Town, State	N (Street and Number or Rural Route Number, vn, State)			
COMPLE	(Orlock Orly)	IAN: To the best of my kno : On the basis of exeminati							ause(a) and manner as stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIER	3,14	0.			29c. LICENSE NO	JMBER 140	29d. DATE SI	IGNED (Month, Day, Year) -/4, -92		
2	30. NAME AND ADDRESS OF PERSON WHO	UELA-GO	PEATH (ITE	M 27) (Type, Print)	>,	5T. Jt	SEPH H	OSPIT	44		



HAL MECONDS, P.O. BOA 60/00, BALLIMONE, MARTLAND 21215-0020	v: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at nace
DIVISION OF VITAL AECORDS, P.O. D	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene p	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other

REGISTRAR		CER	TIFICATE (OF DEATH	REG.	NO.		
	ulah Viol	a SAWA			2. DATE OF DEATH	y ^{pav} 13,	1992	3. TIME OF OEATH 8:30P
4. SOCIAL SECURITY NUMBER 218-03-6730	5. SEX 1 M 2 K F	6. AGE (In yrs. lest birt 93		AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH	1898	a. BIRTH Country	PLACE (State or Foreign) Maryland
90. FACILITY NAME (If not institution, give Franklin Squ RESIDENCE OF DECEDENT		oital		WN OR LOCATION OF	OEATH		UNTY OF DE	
10e. STATE 10b. COUN	ltimore	10	De. CITY, TOWN OR L	CATION Llerton				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			FU.	10f. ZIP CODE		10g. CI	TIZEN OF W	1 YES 2 NO
7554 Belair R 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Officed	12. WAS DECEDEN	T EVER IN U.S. ARMED SES 2 NO MAR OR OATES	It ye	21236 DECENDENT OF HISP, I, apocify Cuben, Mexic	ANIC ORIGIN? (Specify cen, Puerto Rican, etc.)	Yee or No-	Specifi	— American Indian, White, atc.
15. DECEDENT'S ED (Specify only highest grant property (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)			PATION g most of working	18b. KIND OF		NDUSTRY	White
N/A 17. FATHER'S NAME (First, Middle, Last)		Swit	tchboar	Operat	OT C &			one Co.
William A. He	inbuch			Lula	E. Clay	ton		
Mrs. Lee Ann	Petty		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 11106 Towood Rd. Kingsvi					
20a. METHOD OF DISPOSITION M Burlet 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	cemetery, cremato	DATE OF OISPOSITION OF other place) Jn. Meti		OATE 20c.	LOCATION -		
21. SIGNATURE OF FUNERAL SERVICE		1	22 NAM	F AND ACDRESS OF F				
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Uros oue to	ic Shock (or as a consequen epsis (or as a consequen (or as a consequen	ICE OF):					
PART II. Other significant condition	one contributing to	death but not reaul	Iting in the under	ying cause given in	PERI	AN AUTOPSY FORMED?	7 24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			2	S. PLACE OF DEATH (C	theck only one)			
EXAMINER? 1 YES 2 NO 27 MANNER OF OEATH	HOSPITAL: 1 To Inpetient 2 28e. DATE OF (Month, De	ER/Outpatient 3 0	OTHER:	Home 5 Residence		W INJURY O	CCURED	
The Natural Shape Pending Investigation Shape Sh	28e. PLACE O	F INJURY — At home, (atc. (Specify)	M 1	YES 2 NO	281. LOCATION (Stre City or Town, St.	et and Numbe	er or Rural A	oute Number,
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHY 2 MEDICAL EXAMIN					e to the ceuse(e) end	manner ee at		end menner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND AGORESS OF PERSON W	er ad	ams	WD	29c. LICENSE NU				Month, Day, Year)
Dr. Gillian A). 9	000 Fran	clin squar	e Drive -	2123	7	
31. DATE FILED (Month, Day, Year)	3000		The Park	,				
VI IMPI	. 1997							



TO BE COMPLETED BY FUNERAL DIRECTOR

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PROPERTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be refa	NUMBER OFFICIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st	THAT I I I ME 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be noti
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11.0	BAT:	. Av

JAN 18 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EDMIND P. TKALING 413 Communically

31. DATE FILED (Month, Dey, Year)

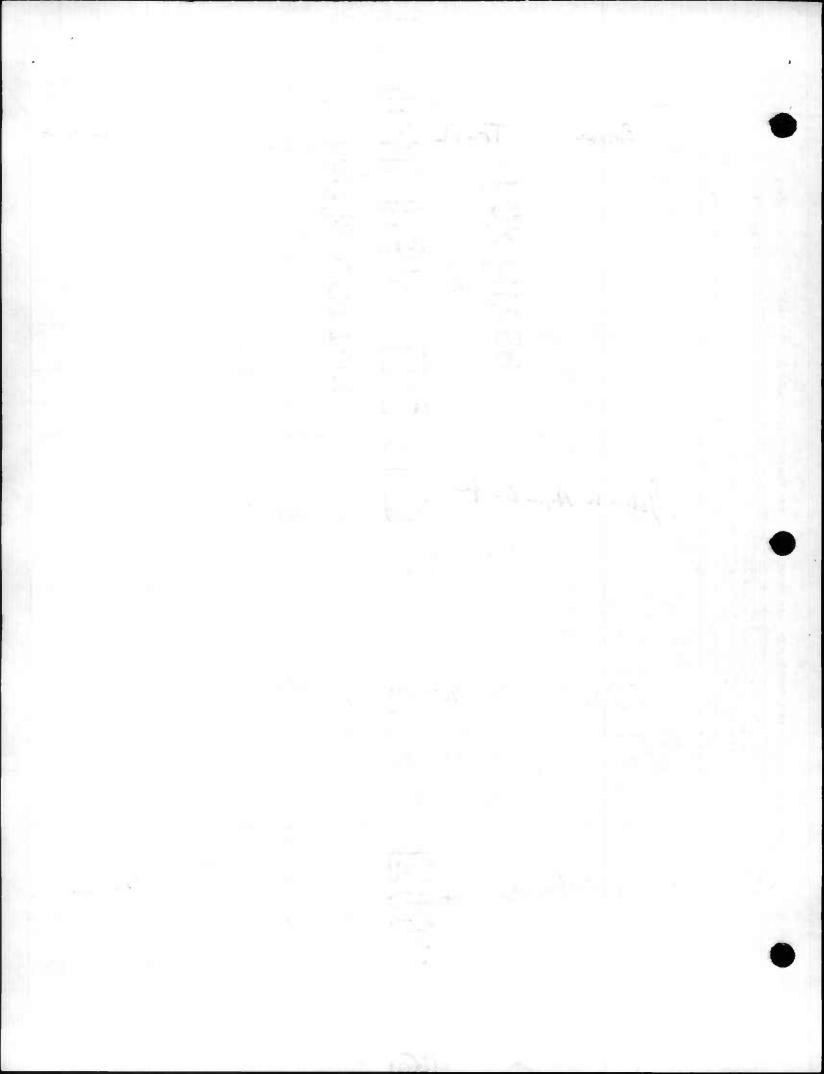
JAN 18 1992

JAN 18 1992

1. DECEDENT'S NAME (First, Middle, Last)		OLNI	IFICATE	OF DEATH	REG. NO		3. TIME OF DEATH	
Emma	E. To	A . I			MONTH E	1992	12:35 AM	
4. SOCIAL SECURITY NUMBER 5		AGE (In yrs. lest birth	iday) IF UNDER	† YEAR IF UNDER 24 HRS	Jan 14,		BIRTHPLACE (State or Foreign	
220-44-2865		87 YI	RS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 8-31-190		Country)	
9a. FACILITY NAME (If not institution, give stress	et and number)	07	96, CITY.	TOWN OR LOCATION OF		9c. COUNTY	Maryland OF DEATH	
Summit Nursing Home				onsville		1	more County	
10e. STATE 10b. COUNTY	1		c. CITY, TOWN O				10d. INSIDE CITY LIMITS?	
Maryland Baltime	ore Count	у	Catons	I 10f. ZIP CODE		10- 0171761	1 ☐ YES 2 ☑NO	
				PART OF TAXABLE			N OF WHAT COUNTRY?	
98 Smithwood Ave.				21228		USA	I. RACE — American Indian.	
1 Mever Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO	H	NAS DECENDENT OF HISI f yes, specify Cuban, Mex I ☐ YES 2 ☑ NO Spe	ican, Puarto Rican, etc.)	ean, Puerto Rican, etc.) Blac		
16. DECEDENT'S EDUCAT		16a. DECEDE	ENT'S USUAL OC	CCUPATION	16b. KIND OF BU	JSINESS/INDUS	White	
(Specify only highest grade co	College (1-4 or 5+)	(Give kir life. Do N	nd of work done o VOT use retired.)	during most of working	1-11-11-11-11-1			
8th Grade	22.0	Homem	aker					
17. FATHER'S NAME (First, Middle, Lest)			1	18. MOTHER'S	NAME (First, Middle, Malde	Sumame)		
William Dell				Cenia	Hartman			
19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILINO ADDRESS	(Street and Number or Run	al Route Number, City or To	wn, State, Zip Co	ode)	
Mrs. Thelma Wood		715	Maider	n Choice La	ne Catons	ville,	MD 21228	
20a. METHOD OF DISPOSITION 1 ☆ Surial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 6 ☐ Other (Specify)	al from State	of cemetary, crem Granite			0ATE 20c. U		y or Town, State Maryland	
21. SIONATURE OF FUNERAL SERVICE LICEN	NSEE	1	22.	NAME AND ADDRESS OF	FACILITY			
I John K Ay	10	h			Funeral D			
		,			Rd. Rand			
23. PART/I. Enter the diseases, or common ahock, or heart fellure. List			Do not enter	the mode of dying, s	uch as cardiac or rea	piratory arres	t, Approximate interval Between	
IMMEDIATE CAUSE (Finel	7.	•					Onset and Death	
disease or condition resulting in death)	wen	minim		_				
	DUE TO (OF	R AS A CONSEQUEN	ICE OF):					
Sequentielly list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUEN	ICE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OF	AS A CONSEQUEN	ICE OD.					
that initiated events resulting in death) LAST	DUE 10 (OF	AS A CONSEQUEN	ICE OF):					
d.								
PART II. Other aignificent conditions	contributing to de	eth but not reaul	Iting in the un	derlying ceuse given		N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
Histm 1 Pr.	zanin.	Huge v	Ensin	- Distil	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
extensible of	0	70		1	1 1 123	* [] NO	OF DEATH?	
	3		100		_		1 1E3 2 NO	
				26. PLACE OF DEATH	(Check only one)			
25 WAS CASE REFERRED TO MEDICAL	HOSPITAL:		OTHER	R:				
	1 Inpatient 2 E		b. TIME OF	26c. INJURY AT	26d. DESCRIBE HOW	INJURY OCCU	RFD	
EXAMINER? 1 YES 2 NO			INJURY	WORK?	200. BEQUINDE NON		1100	
EXAMINER? 1	(Month, Day,							
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	NJURY — At home.	farm, street, fact	tory, office	26f, LOCATION (Street	t and Number of	Rural Route Number	
EXAMINER? 1	(Month, Day,	NJURY — At home, to a company to the	farm, street, fact	tory, office	261. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined	(Month, Day, 28e. PLACE OF II building, etc.	: (Specify)			City or Yown, Stal	•)		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	(Month, Day, 28e. PLACE OF II building, etc	; (Specify) y knowledge, death o	occurred at the t	time, date and place, and	City or Town, Stat	e) anner as stated	ı.	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	(Month, Day, 28e. PLACE OF II building, etc	; (Specify) y knowledge, death o	occurred at the t	time, date and place, and	City or Town, Stal	e) anner as stated		

Are.

21228



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

G. NIMMA CADDA Univ.

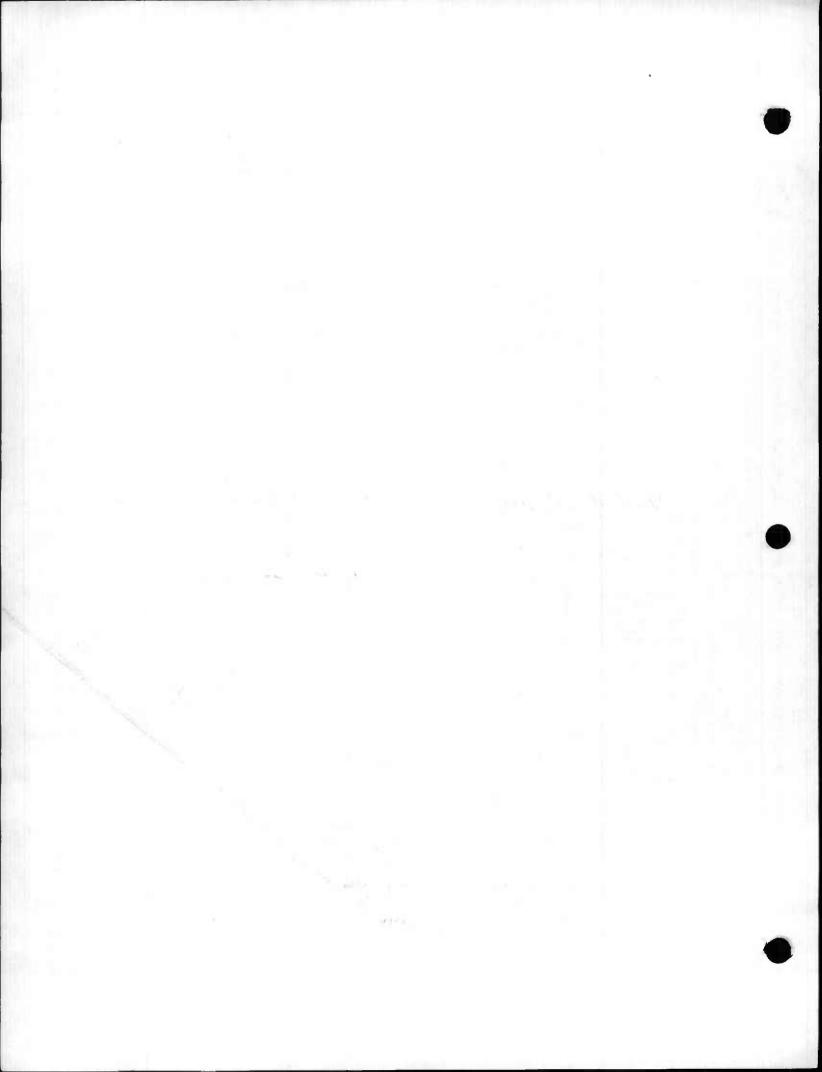
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	per FH G-683	1/27	/92 cm STATE OF M	IADVI AND	/ DEDAG	TRACK!	T 05 U	FAITU	AND	NAENITA I	HV0#	92	2 0	10964
	1 - STATE REGISTRAR		SIAIL OF IN		ERTIF					MENIAL	REG.	ENE		
	1. DECEDENT'S NAME (First,	HARI	LES		V		VN			2. DATE O	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE 239 30 9183	20 20 0402		8. AGE (In yrs. Inst M 2 F 74 77		birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS		HOURS MIN.		7. DATE (F BIRTH Day, Year	3/8/14	Country	
	9a. FACILITY NAME (If not inst	itution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		131	9c. COUN		Carolina
OR	Unîversîty	Hosp	îtal			Bal	tîmo	re				7	na	
DIRECTOR	RESIDENCE OF DECE	DENT			T									
E I	Maryland	IOD. COUNTY	na		10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			В	altin							X YES 2 NO		
FUNERAL		nroe	Street				101.	ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
N.	215 N. Monroe Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				DMED	1 40	WT0 050	2122						USA
В	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					13.		city Cubs	n, Mexice	n, Puerto R		Yes or No-	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUS										JSTRY			
	17. FATHER'S NAME (First, Mid-				18. MOTH	IER'S NA	ME (First, M	iddle, Msid	den Surname)	_				
TO BE	196. INFORMANT'S NAME (Type/Print) BEN F TOWNSEND 199. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2587 W FAYETTE STREET BALTIMORE, MARYLAND 21217													
	28s. METHOO OF DISPOSITIO 1 Buriel 2 Cremetion 4 Donetion 5 Other (S	3 C Dame	val from Stats	20b. PLACE	AND DATE	OF DISPO	ERY	me of		OATE		LOCATION — C		n, Stats IARYI_AND
	21. SIGNATURE OF TUNERAL	A U	Ronal	ld Wade 1-15-	92	6	NAME AN	Ва	t îm	ore S	t, F	te Ana	MD -2	Board 120121217
	23. PART I. Enter the dis- shock, or hee iMMEDIATE CAUSE (Fina disease or condition resulting in death)	ir remure. L	Hypo	tens	w	not ente	r tha mod	de of dyl	ng, auc	h as cerdi	ec or re	apiratory arre	eat,	Approximate interval Between Onset and Dasth
NOI	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if sny, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted evente resulting in deeth) LAST	G		OR AS A CONSE										
PHYSICIAN: MEDICAL C	PART II. Other significant	conditions	contributing to d	deeth but not	reculting	in the u	nderlying	ceuse g	lven in			AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
AN: W	25. WAS CASE REFERRED TO	MEDICAL					00 84	10F 0F 0	- 1711 101					1 YES 2 NO
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHE	R:			ock only one				
	27. MANNER OF DEATH 1 Netural 5 Pe	nding restigation	28s. DATE OF I	NJURY	28b. TIM		28c. INJU	PRY AT		6 C Other		W INJURY OCCI	JRED	
TED BY	3 Suicide 8 Co	ould not be termined	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	ome, term, s	street, fac				28t. LOCAL City of	FION (Street Town, Sta	et and Number o	or Rural Ro	ute Number,
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICA	YING PHYSIC	IAN: To the best of m	ny knowledgs, de imination and/or	ath occurre	n, in my	time, dats :	and placs,	and due	to the caus	e(e) end r	nanner as atate	d. csuse(s)	and manner as atated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 1 296. DATE SIGNED (Monte, Day) 296. LICENSE NUMBER 296. DATE SIGNED (Monte, Day)										Monto, Day, Year)			

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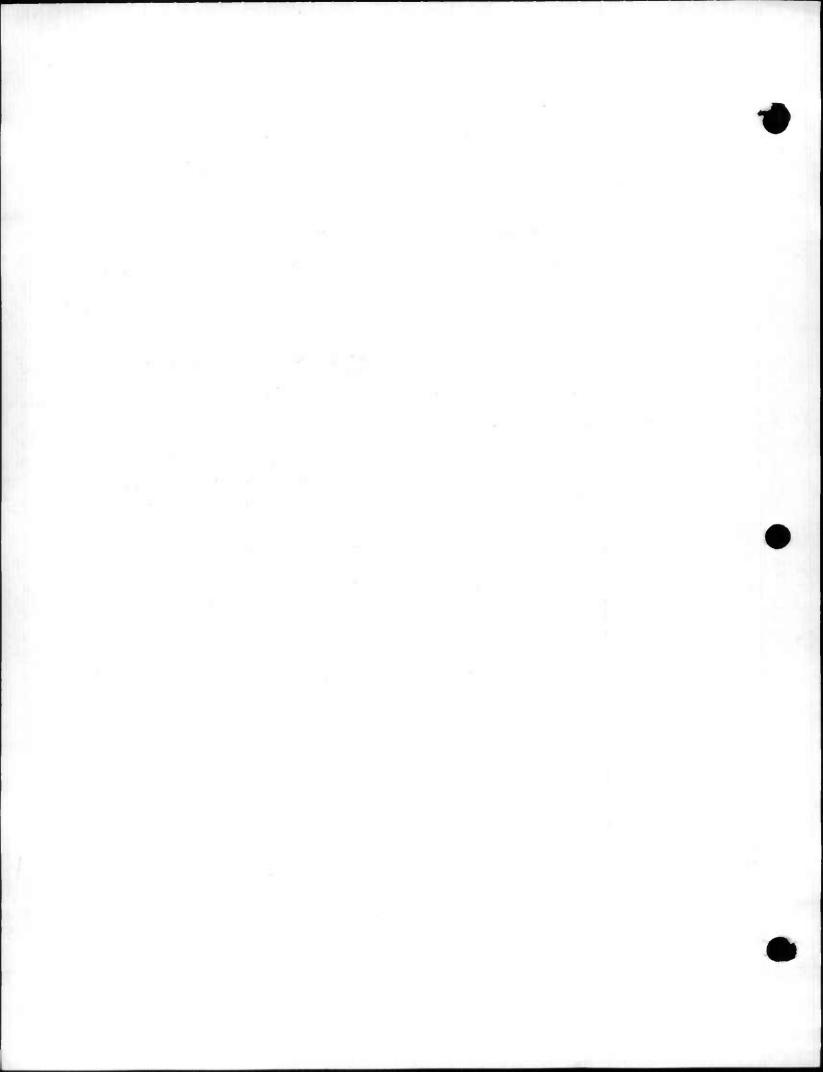
BALTIMORE, MARYLAND 21215-0020	n	ly filled in by the funeral director, page 5 should be detached for use as the burial-transi	ation, or removal.	the madical avamines much be existed at any
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlar, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other transmatic event the medical eventuals as according to according
	TO THE H	TO THE FL	be filed wi	IMPORTA

1 - STATE REGISTRAR	STATE OF MARY	LANO / OEPAI CERTIF	RTMEN FICAT	T OF HEALTH	AND I		GIENE G. NO.			
1. DECEDENT'S NAME (First, Middle, Last) JOHN				IITE		2. DATE OF DE	EATH DAY	YEAR	TIME OF DE	EATH P
4. SOCIAL SECURITY NUMBER	1 M 2 F	GE (In yrs. last birthday) YRS.	IF UNDE MONTHS		ER 24 HRS.	7. DATE OF BIR (Month, Day,	тн	8. BIRTHPLA Country)		
9a. FACILITY NAME (If not institution, give : UNIVERSITY HOS RESIDENCE OF DECEMENT				TIMORE	TION OF OR	EATH	9c. count	TY OF OEATH	1	
10a. STATE 10b. COUNT	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION Maryland									ITY
No fixed address 11. Marrial Status	1			10f. ZIP COI				EN OF WHAT	COUNTRY	?
3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		. WAS DECENDENT If yes, specify Cub 1 YES 2 NC	en, Mexica	in, Puerto Rican, a	offy Yea or No—	14. RACE / Black, Wh Specify:	American In hite, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT u	work done	during most of work	ilng	16b, KIND	OF BUSINESS/INDU	ISTRY	Блас	<u> </u>
Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle, Last)		1		18. MOT	THER'S NA	ME (First, Middle, I	Maiden Surneme)			
19e. INFORMANT'S NAME (Type/Print) OCINE		19b. MAILING	3 ADORES	S (Street and Number	or Aural F	Route Number, City	or Town, State, Zip C	Code)		
20e. METHOD OF DISPOSITION 1	n state	Ob. PLACE AND DATE emetery, crematory or o				OATE 2	20c. LOCATION — CI	ity or Town, S	State	
21. SIGNATURE OF FONERAL SERVICE LIC	Wall	1-15-92	6		altím	ore St,	TE ANATO	ID 21:	ARD 201	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition reaulting in death)	a. Ather	each line.	fue (0			reepiratory erred		Approxir Interval Onset ar	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE OF								
	d									
PART II. Other significant condition	a contributing to death	but not reaulting	in the ur	nderlying ceuse	given in	PI	PAS AN AUTOPSY ERFORMED? YES 2 NO	COM OF E	LABLE PRIOR OF DEATH? YES 2	PR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: V		OTHER	26. PLACE OF D	DEATH (Che	ick only one)				
	1 Inputlant 2X XER/Out 26a. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	4 🗆 Nun	28c. INJURY AT WORK?		sidence 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED				
Accident Investigation 3 Suicide 6 Could not be detarmined	26e, PLACE OF INJUR building, etc. (Spi	IY — At home, term, a	ntreet, faci			26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 Sulcide 6 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my knor R: On the beele of examination	wiedge, death occurn	ed at the t	time, data and place	n, and due	to the cause(a) ar	nd manner as atted	i. ceuse(a) and	manner aa	stated.
28hi-OIGNATORE AND DECENTIFIE	Ing			29c. LIC	ENSE NUM	BER	29d. DATE S	SIGNED (Mont	th, Day, Year	
FRANK	PENETTA						MARYLAN			

DHMH-16 Rev 1/89

FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AN	
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1 - STATE REGISTRAR	SIAIE UF I					DEAT		MENTAL HYGIEN REG. NO			
3	DECEDENT'S NAME (First, Middle, Last,		0		LITER	OTENIC	TOT		2. DATE OF DEATH	4Y	O YE 49	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthdev)	WE I		EL ,		7. DATE OF BIRTH	15, 1		1:10am M
	212-62-5482	1 💢 M 2 🗀 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) June 2,]	952	Countr	aryland
NC.	90. FACILITY NAME (If not institution, give Maryland Gene	street and number)	ital		9b. CIT	Balt	n LOCATIO	on of DE				
CL	RESIDENCE OF DECEDENT	TV.		40. 00								
DIRECTOR	Maryland Ba	ltimore		10c. CH	Lut!		ille					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 11 Alston Roa					01. ZIP CODE 21093			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED 1 YES NO WAR OR DATES			3. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Mexicon, Puerto Ric 1 YES 2 XNO Specify:			n, Puerto Rican, etc.)	RIGIN? (Specify Yes or No.— 14. RACF — A		- American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+) (Gh	ve kind of	se retired.)	during mo	on st of workin		16b. KIND OF BU	C. R		
BE CON	17. FATNER'S NAME (First, Middle, Last) Alfred O.	Wettenge	1, Sr.					ER'S NA	ME (First, Middle, Maider ROMOS			
TO B	190. INFORMANT'S NAME (Type/Print) Alfred O. Wetten	gel, Sr.	19b		ADDRES		nd Number	or Rural A	loute Number, City or Tov	vn. State, Zi	p Code)	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Real 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A	ND DATE	OF DISPOS	TION (Na	me of	- Ada	DATE 20c. LC	OCATION	City or To	wn, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE L Wallace				22. H	NAME AN	TOWS	on F	uneral Ho	me,	Inc.	
	23. PART i. Enter the diseases, or		14		not enter	.050	York	Roa	d, Towson	, Md	. 212	
	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Dissemi	inated my	ycob	acte				ntercellul			Approximata interval Between Onset and Death
NOIT	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Acquired Immune Deficiency syndrome DUE TO (OR AS A CONSEQUENCE OF):											
ICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d											
	PART ii. Other algolificant condition	na contributing to	death but not re	aulting	in the ur	deriyind	cause o	iven in i	Part I. 24s. WAS AN	AUTOPSY	245	WERE AUTOPSY FINDINGS
EDICA	Kaposi Sarcom	Cytomes	galo viru	ıs ře	etini	ltís	•		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED									-			1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER		ACE DF DE	ATN (Che	ck only one)			
14SI	1 YES 2 NO 27. MANNER OF DEATN		ER/Outpatient 3		4 🗆 Nur	ling Nome		sidenca (Other (Specify)			
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)		M	1 🗆 Y	RK? ES 2	NO	28d. DESCRIBE NOW	INJURY OC	CURED	
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, streat, for building, stc. (Specify)						tt, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMIN	ICIAN: To the best of a	my knowledge, dea xemination end/or in	nth occurre	ed at the t	lme, date	end place, eath occurr	end due t	to the cause(a) and me ime, date end place, er	nner es ate	ted, ne ceuse(s)	end menner es atated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	nse num n/a	BER	29d. DAT	E SIGNED	(Month, Day, Year) 15/92
٩	30. NAME AND ADDRESS OF PERSON WI					Massa	1 1	C-	1 **			
	31. DATE FILED (MONTH, Day, Year)	32. REGISTRA	R'S SIGNATURE	State .		пагу	Land	Gen	eral Hosp	tial		
	JAN 181	992 95	iarlievident	447	ALC:	×						



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	rked
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF		EKIIF	ICATE OF	DEAL	п .		REG. NO.			
1. DECEDENT'S NAME (First, Midd YARBOROU		FRANK					2. DATE OF MONTH	DEATH DAY	YEA		
4. SOCIAL SECURITY NUMBER # 216 28 486				IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2 HOURS	4 HRS. MIN.	7. DATE OF (Month, D	BIRTH	8. Bi	8. BIRTHPLACE (State or Foreign Country) Pennsylvania	
9a. FACILITY NAME (If not institution MARYLAND RESIDENCE OF DECEDIOR	GENERAL HOS	PITAL		96. CITY, TOWN BALTI	MORE,		ATH		9c. COUNTY OF DEATH		
Control Williams and Control of C	COUNTY	à		ry, town or loca BALTIMOR	AND			10d. INSIDE CITY LIMITS? 1 VES 2 NO			
10a. STREET AND NUMBER 558 Gold St	reet	et			101. ZIP CODE 21217				10g. CITIZEN OF V		
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO			If yes, sp	CENDENT OF ecify Cuban, 2 NO	Maxicar	n, Puerto Rica	specify Yes or n, atc.)	8	RACE — American Indian, Black, White, atc.	
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ary/Secondary (0-12) College (1-4 or 5 +)				ON ast of working				am Ste		
17. FATHER'S NAME (First, Middle,	Last)				16. MOTHE	R'S NAM	ME (First, Midd	le, Maiden Sun	rname)		
19a. INFORMANT'S NAME (Type/Pr Barbara Yark				ADDRESS (Street of				Only or Town, S		J	
20a, METHOD OF DISPOSITION 1	w în state	cemetery, c	rematory or o				DATE	20c. LOCAT	TION — City o	r Town, State	
21 MONATURE OF FUNERAL SER	WICE LICENSEE Rona	ld Wade,	Dir	DO STABALL A	ID ADDRESS	OF EAC	H ITY	en 1 1	R-naha.	my Board	
miles	Make	1-1	15-92	655 W	. Balt	îmc	re St	, Balt	co.,MD	21201	
21 PART i. Enter the disease ahock, or heert in the disease of condition resulting in deeth)	a. CARDI	at caused the dusa on each lin	15-92 Seath. Do r	655 W	. Balt	îmo	ore St	or reapirate	ory arrest,	2 1 2 0 1 Approximate interval Betwee Onset and Dea	
Jimediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. CARDIO OUE TO CORON, DUE TO ARTE	at caused the diuse on each tin OMEGALY O (OR AS A CONSE ARY ARTE O (OR AS A CONSE RY.	WITH EQUENCE OF	655 W LEFT AN F): LSEASE W	. Balt	îmo g, such HT V	ore St	or reapirate	ory arreat, HYPER	2 1 2 0 1 Approximate interval Betwee Onset and Dea	
DIMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CARDIO DUE TO CORON. DUE TO ARTE DUE TO	at caused the dusa on each lin OMEGALY O (OR AS A CONSE ARY ARTE O (OR AS A CONSE RY. O (OR AS A CONSE	WITH EQUENCE OF	655 W LEFT AN F): LSEASE W	. Balt	îmo g, such HT V	ore St	or reapirate	ory arreat, HYPER	Approximate interval Betwee Onset and Dea	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant contexts.	a. CARDIO DUE TO ARTE AIRLE ONCAL HOSPITAL:	at caused the duss on each lin DMEGALY O (OR AS A CONSE ARY ARTE O (OR AS A CONSE RY. O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	death. Do rea. WITH EQUENCE OF E	655 W LEFT AN FI: ISEASE W FI: STED LUNG In the underlying	. Balt de of dying D RIGH ITH MA	=îmc	Pert I. 24	or respirate CULAR NOSIS	HYPER OF CI	Approximate interval Betwee Onset and Dea TROPHY. RCUMFLEX 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DIMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initieted eventa resulting in death) LAST PART II. Other significant contents of the cause of the c	a. CARDIC OUE TO LEAST OF THE CORON. B. CORON. DUE TO LEAST OUE TO LEAST OUE TO LEAST OUE TO LEAST OUT TO L	at caused the duss on each line DMEGALY DOOR AS A CONSE ARY ARTE DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE RY. DOOR AS A CONSE	death. Do rea. WITH EQUENCE OF	LEFT AN LEFT AN F): ISEASE W F): STED LUN in the underlying 26. PL OTHER: 4 Nursing Hom E OF 28c. INJ WO	Balt da of dying D RIGH ITH MA GS. G couse giv	= îmc	Pert i. 24a	or reapirate CULAR NOSIS WAS AN AUT PERFORMER X YES 2 ecfty)	HYPER OF CI	Approximate interval Betwee Onset and Dea TROPHY. RCUMFLEX 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DIMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initieted eventa resulting in death) LAST PART II. Other significant contents of the cause of the c	a. CARDIC DUE TO LA CORON. B. CORON. B. CORON. BUE TO LA CORON.	at caused the duss on each lin DMEGALY D (OR AS A CONSE RY RY D (OR AS A CONSE RY RY RY D (OR AS A CONSE RY RY RY RY D (OR AS A CONSE RY	death. Do rea. WITH EOUENCE OF CONGES resulting (LEFT AN LEFT AN F): ISEASE W F): STED LUN in the underlying 26. PL OTHER: 4 Nursing Hom E OF 28c. INJ WO	Balt da of dying D RIGH ITH MA GS. G couse give ACE OF DEA 5 G Resk PRACT RICH RES 2 G PRACE C S C PRACE C PRACE C S C PRACE C	= îmc	Pert i. 24a Charles only one) Other (Sp. 28d. DESCRIP	Or respirate CULAR NOSIS WAS AN AUT PERFORMER YES 2 OCITY) DE HOW INJUI	TOPSY D? NO	Approximate interval Betwee Onset and Dea TROPHY. RCUMFLEX 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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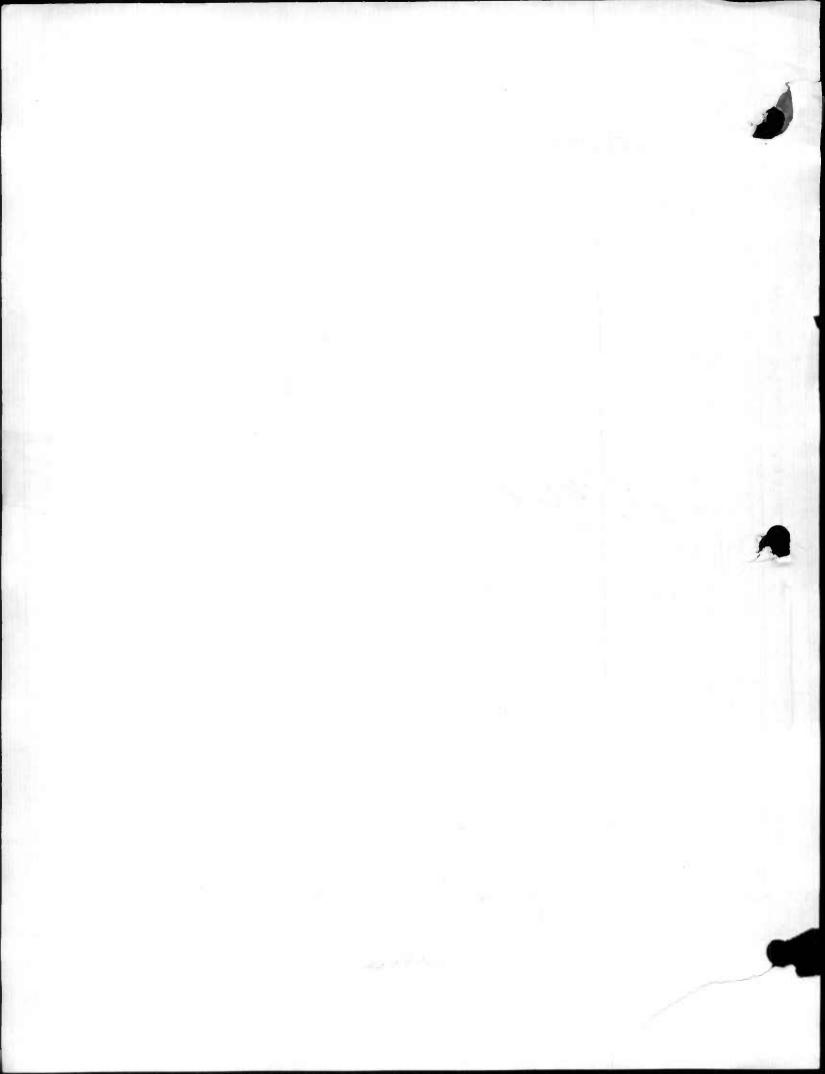
22 - 1815 v

BALTIMORE, MARYLAND 21215-0020

REGISTRAR 1. DECEDENT'S NAI
FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1. DECEDENT'S NAME (First	, Middle, Last)			<u> </u>	IOAII		DEA	-	2. DATE OF	DEATH			TIME OF DEATH
	AUDREY							MONTH DAY YEAR			YEAR	10:30 P.M		
	4. SOCIAL SECURITY NUM	6. AGE (in yrs.	last birthday)	IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS.						,	HPLACE (State or Foreign		
	216-72-4294	216-72-4294 1□ M 2 🕏 F			72 YRS.		CONTRACTOR OF THE PARTY OF THE		MIN.	(Month, L		1919	Country)	
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE		0,17		MAN OF DEAT	RYLAND
S.	ST. AGNES	ST. AGNES HOSPITAL						MORE				sc. 000n	THE OF DEAT	in
5	RESIDENCE OF DEC													
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY
	MARYLAND					1	BALT	IMORI	Ξ				1	LIMITS?
¥	10e. STREET AND NUMBER						10	f. ZIP COD	E	-		10g. CITIZ	ZEN OF WHA	AT COUNTRY?
<u> </u>	532 S. BENT	ALOU S	STREET				21223					U	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED		If yes, s	CENDENT Concept Cube	F HISPAN n, Maxica Specify	IIC ORIGIN? (n, Puerto Rici	Specify Yea in, etc.)	or No-	Specify:	American Indian, /hita, etc.
			l					X					W	HITE
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)		Give kind of	work done	during m	ON ost of working	g	16b. KI	ND OF BUS	INESS/IND	USTRY	
ا ۲	Elementary/Secondary (0)-12)	College (1-4 or 5 -)	lite. Do NOT u									
	6TH GRADE	Profession de Car		NE	VER WO	JRKEI)							
								1a. MOTI		ME (First, Mide		,		
H H	JAMES I		SNT							LSIE H				
2	19a. INFORMANT'S NAME (1									loute Number,				
	HOWARD E.		ľ						BLVI	BAI.	_			
	20a. METHOD OF DISPOSIT 1 N Burlal 2 Crematic	n 3 🗆 Reme	oval from State		Crematory or o			ame of		DATE	20c. LO	CATION — C	Cify or Town,	State
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		EUCE	LOUD	ON PAI					1/22	BAI	TIMO	RE	
	21. SIGNATURE OF FUNERA	SERVICE LIC	/ /					ND ADDRES		AL HOM	T T NI	7		
	0//	140	1							AVENUE			E M	. 21229
FILLCALION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	dona, ddlata	b. DUE TO	OR AS A CONS	FIGUENCE OF	lic F):	. 1							Interval Batween Onset and Daeth
3	PART II Other elgolfice	nt condition	a acetalbutles to	ducat has a	Carrier III									
T. MEDICAL	PART II. Other algnificant conditions contributing to death				but not resulting in the underlying cause given in Par				Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b		CO OF	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Ę	25. WAS CASE REFERRED TO	MEDICAL.					26. PI	LACE OF DI	EATH (Che	ck only one)				
5	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num		n 6 □ Ba	eldence (E C Other (C	na sikul			
DI FILLSICIAN.	27. MANNER OF DEATH 1 Netural 5 2 Accident	INJURY ny, Year)	28b. TIM	The state of the s										
	3 Suicide 6 Homicide	F INJURY — At letc. (Specify)	Y — At home, ferm, street, factory, office 285 LOCATION (Street and Number of Rural Route Atumber						e Number,					
OMPLEIED			CIAN: To the best of R: On the basis of ax											d manner se stated.
2	296. SICHATURE AND TITLE		-0	H	(1)			29c. LICE			I			onth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)		1-10			, ,	0(
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE										
	01-17-3A	12019		ine David	The state of the s	2.00								



BALTIMORE, MARYLAND 21203-3146	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within security after death. Page 6 may be retained by the hospital or attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TOR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within serious after death. Page 6 may be retained by the hospital or attending physician. RAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans. In 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	AT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

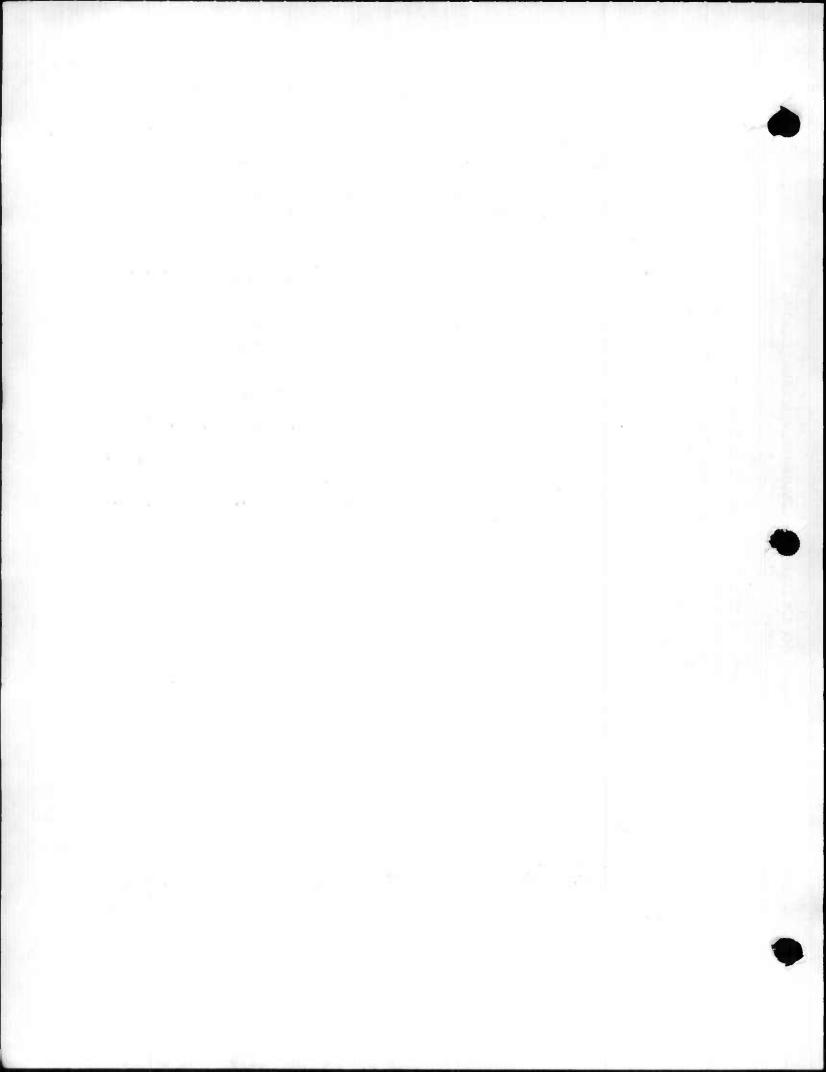
OECEDENT'S NAME (First, Middle, Lest)

ANNA MARIE BUDZYNSKI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF OEATH MONTH DAY 175

1.	OECEDENT'S NAME (First		NSKI	14-1				1	2. DATE OF OEATH MONTH DAY YEAR 1 1 15 92 1			
4.	212-01-958		6. SEX	6. AGE (In yrs. I	est birthday) YRS.	# UNDE	DAYS	F UNDER 24 HRS. HOURS MIN.	7. OATE OF BIR (Month, Dey, 1)	OATE OF BIRTN (Month, Dey, Year) 8-7-04		1:30 A.M IPLACE (State or Foreign Y) Y) Y) A Y Y A M T T T T T T T T T T T T
	Meridian I	ong Gr		ing Cen	iter			or Location of or			UNTY OF O	
10	Maryland	10b. COUNT	Y			ry, TOWN		TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
- 11-	o. STREET AND NUMBER		1 20	02.024		ZIP CODE	10g. CITIZEN O			WHAT COUNTRY?		
3	11. MARITAL STATUS 1 Never Married 2 Married					13.	If yes, sp	ENDENT OF NISPAI ecify Cuban, Maxica 2 X NO Specif	n, Puerto Rican, e	cify Yes or No-	14. RAC	E — American Indian, k, White, atc.
17	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5+)			4)	Give kind of the Do NOT to	work done ise retired.)	during me	ast of working	166. KIND OF BUSINESS/INDUS			
17	17. FATNER'S NAME (First, Middle, Lest) John Birner 18. MOTNER'S NAME (Fi									Maiden Sumame)	
19	Gerard A.		nski					and Number or Rural Road, E				7
1	0a. METHOO OF OISPOSI X Burial 2 Cremati Donation 5 Other	lon 3 🗆 Ren	noval from State	20b. PLAC other Holy	place) Rede	emer	eme of ce	metery, cremetory or netery		Baltim		
2	1. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE)	M	atth	no accress of fa news Fund Eastern	eral Hom			d. 21224
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
11	PART II. Other algolitic	cant condition	ne contributing t	o deeth but no	et resulting	in the u	nderlyin	g ceuse given ir		WAS AN AUTOPS PERFORMED? YES 2 10	SY 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	ОТН	R:	LACE OF DEATN (C		offv)		
2	7. MANNER OF OEATH	Pending investigation	28a, DATE C		28b. Ti		28c. IN	JURY AT ORK? YES 2 NO		E NOW INJURY	OCCURED	
	2 Deutstalds	Could not be detarmined		OF INJURY — At g, etc. (Specify)	home, farm	rm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
2	(Critick Orny a		SICIAN: To the best									(a) and menner as stated.
	Caner	LIVE	Mus					D28	MBER 987	29d. C	ATE SIGNE	0 (Month, Day, Year) 6-92
3	O, NAME AND ACCRESS		HO COMPLETED CA	M.D.	560		604	4 RAVE	EN BLI	VD .	2/a	39
3	JAN 2 0 195		Puna Davidse	RAR'S SIGNATURI	E L							



P.O. BOX 13146, RECORDS, requires 1 MP OF VITAL HOSPITAL DR ATTENDING PHYSICIAN: The NOISINIO

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Dept. of	23 sho	
State Dept. of	item 23 sho	
	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit, Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARY LOUETTA REINACH BLOECHER 1992 7:30 January BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER I YEAR IF UNDER 24 HRS. 1 🗌 M 2 💢 F YRS. 215 05 3826 1916 Maryland Dec 26 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1102 N. Philadelphia Ave DIRECTOR Ocean City Worcester 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 1 YES 2 NO Worcester Maryland Ocean City FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1102 N. Philadelphia Ave. 21842 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced BY COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) 11 Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Walter T. Voigt Amelia Anna Ruppersberger BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louetta M. Bloecher 4104 Pheasant Run Greensboro, 27408 20a. METHOD OF DISPOSITION
1 □ Burlal 2 🖟 Cremation 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) oudon Park Cemetery 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 108 Williams St. BURBAGE FUNERAL HOME Berlin, MD Allera 23. PARTY Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiretory errest, shock, or heart failure. Liet only one euse on each ilne. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ HARREST ARDIO PULLUWWARY resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sur CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO ICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA PHYSI ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 🔲 Suicide ETED. 6 Could not be 4 Homicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as atated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ea stated. AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE a 1992 anuary 16. 9

& N. Philadelphia Ave. Ocean City.



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marked, with this

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Hem

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

10th St.

who waydoon fandale

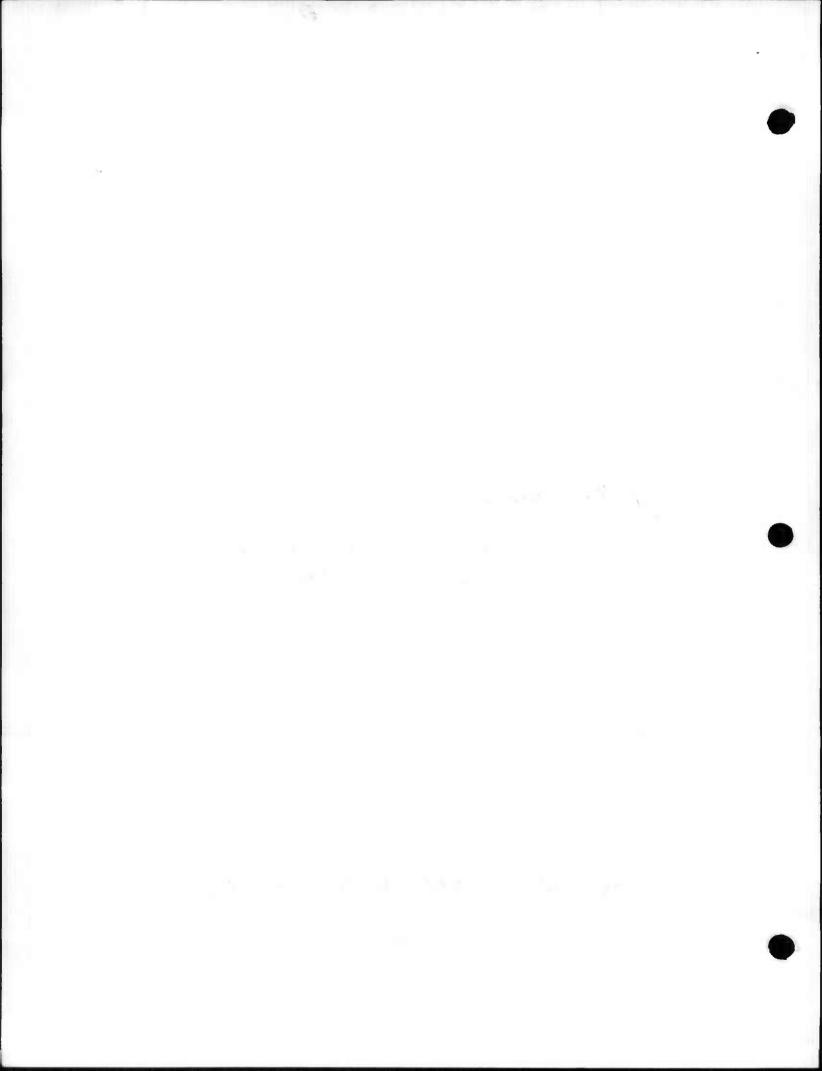
32. REGISTRAR'S SIGNATURE

Dr. Stephen F. Waters

JAN 2 0 1992

After t

DIRECTOR: A



YEAR

1992

3. TIME OF OEATH

Approximate intervel Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Maryland

2. DATE OF DEATH MONTH DAY

01

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

Francis

Bolano

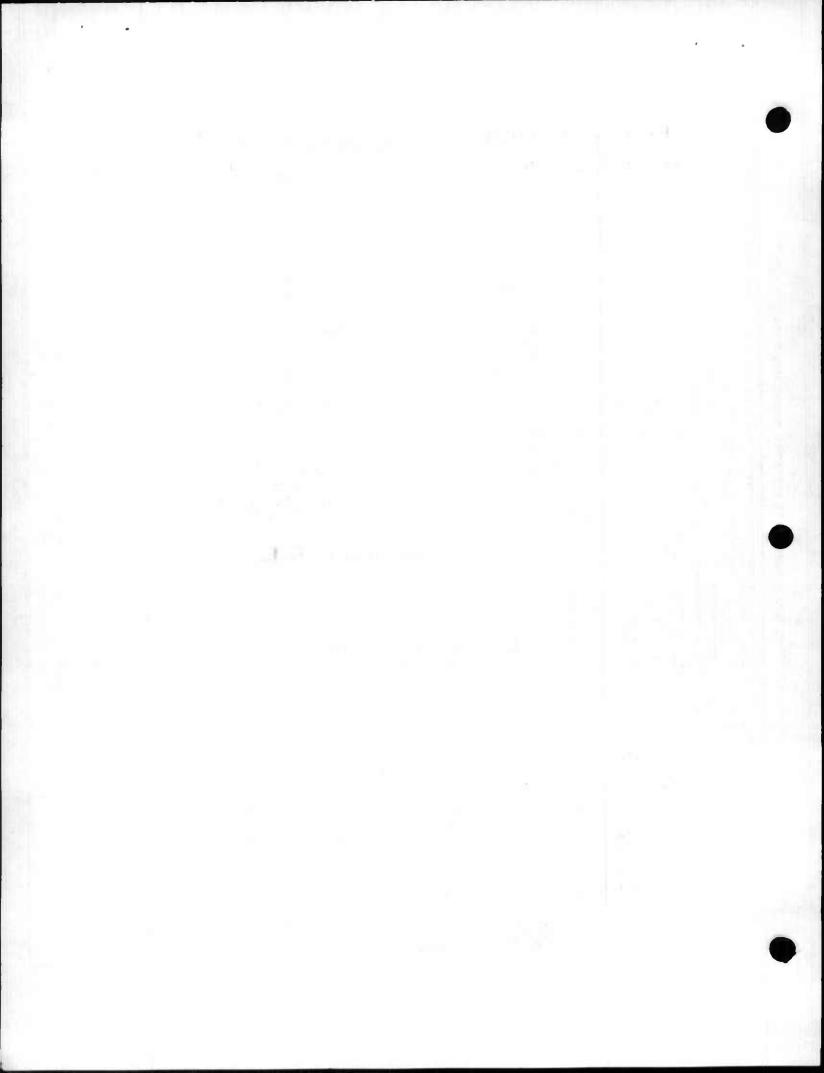
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	217141215		73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	Pay, Year)	/1918	Countr	yland
TOR	Good Samaritan	Hospital					ore C	ity	TH		9c. COU	NTY OF O	EATH
DIRECTOR		OUNTY			r, TOWN O								10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 812 E. 35th Street	t		101. ZIP COOE 21218									HAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEOENT	YES 2 X	MED IO		f yes, sp	ENDENT O	F HISPANIC n, Maxican, Specify:	ORIGIN? (Specify Yea in, alc.)		14. RACE	- American India, White, etc.
ETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)		(Gi	CEDENT'S Ve kind of w Do NOT us	work done o	CCUPATIO	ON st of workin	orking 16b. KIND OF BUSINESS/INDUSTRY			USTRY	White	
COMPL	12				Dispatcher					Trucki	ing		
BE CC	17. FATHER'S NAME (First, Middle, La Michael J. Bol	and		18. MOTHER'S NAME (First, Middle, Maiden Surname) Winifred J. Ellwood									
5	19a. INFORMANT'S NAME (Type/Print AGNES C. Johnso		198					or Rural Ro					
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3			1226 Gittings Avenue Balto. Md. 21239-1720 PLACE AND DATE 20C. LOCATION — City or Town, St							wn, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wark T. Zaugna 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approx shock or heart failure. List only one cause are such line.												
L CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FIRE 24c. WAS AN AUTOPSY 24c. WERE AUTOPSY FIRE OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
N: MEDICAL			oddi but ript re	southly in	i the un	uerrying	ceuse g	Iven in Pa		PERFORI	MED?		WERE AUTOPSY FIP AMALABLE PRIOR 1 COMPLETION DF CO OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?, 1 — YES 2 NO	HOSPITAL:	ER/Oulpatient 3		OTHER	:		ATH (Check		pecify)			
ВУ РН	27. MANNER OF OEATH Netural 5 Pending Netural Investiga	28a. OATE OF IN (Month, Day,	IJURY Year)	28b. TIME INJU	OF	28c. INJU	JRY AT	2	8d. DEŞCRI		JURY OCC	URED	
ETED.	3 Suicide 8 Could no 4 Homicide determin	Duliding, at	INJURY — At honic. (Specify)	ne, farm, st	reat, fecto	ery, office		21	City or To	N (Street ar wn, State)	nd Number	or Rural Ro	oute Number,
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING I	PHYSICIAN: To the beat of m MINER: On the beats of exam	y knowledge, dea mination and/or in	th occurred	at the tir	ne, date	end place, ath occurs	end due to	The ceuse(s) and menr	ner as state	d. cause(a)	end manner as str
TO BE C	296. SIGNATURE AND TITLE OF CERT B. Lancac 30. NAME AND ADDRESS OF PERSON	hardra	Interi	n in	Med	àG'n	29c, LICE	NSE NUMBE	R		29d. DATE	SIGNEO (Month, Day, Year)
	1	achandro 32. REGISTRAR	7, 6			ma-	ritor	n H	asbif	al,	Bal	time	sre, M
	JAN 2 0 1992	Julia Davidson	~ Mandall										

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Francis X. Boland



TO BE COMPLETED BY FUNERAL DIRECTOR

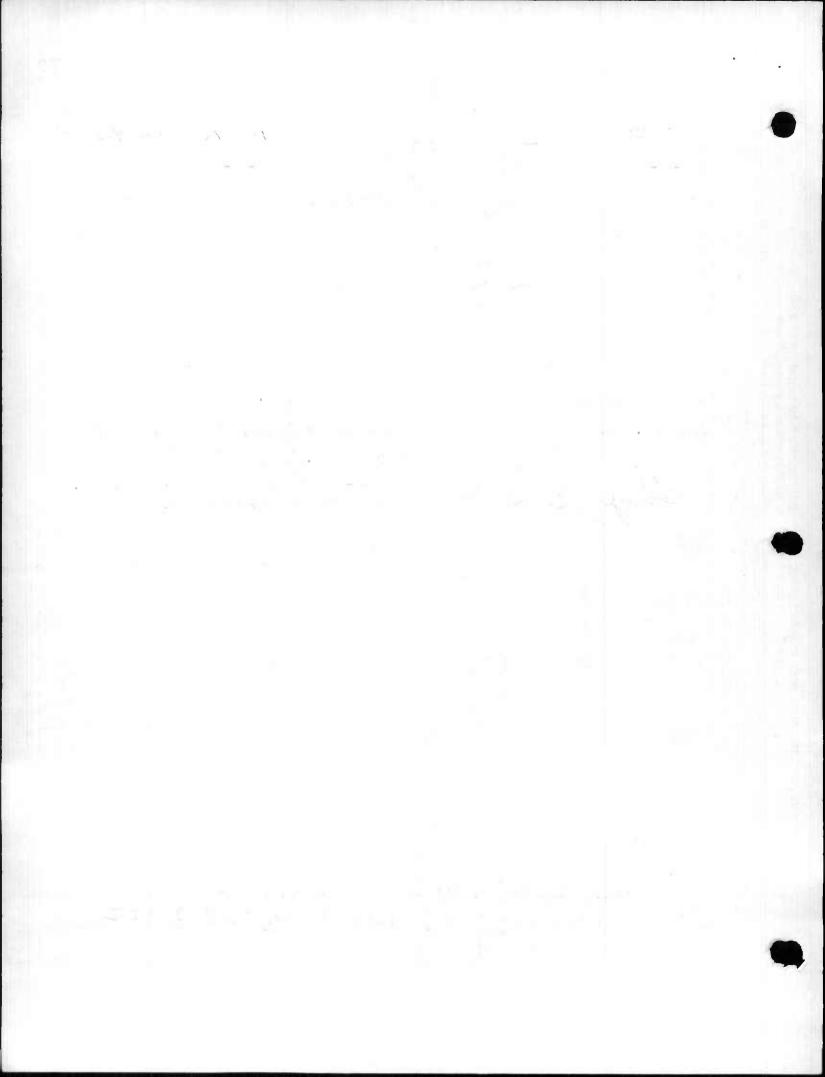
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing any accompletely med in by the funeral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached be field with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.
IMI ONINITE II NOME TO 18 MINISTERS OF THE PROPERTY OF THE PRO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 2 0 1992

FOR STATE	STATE OF M					MENTAL HYGIEN		9	Z UU	9/6
REGISTRAR		CE	RTIFIC	CATE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, L		251					AY	YEAR	3. TIME OF DE	ATH
LOUISE	HECK	BEA	-			1- 16	3 -	92	9:15	M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dav. Year)		8. BIRTH Count	IPLACE (State or	Foreign
214-38-3426	1 🗆 M 2 💢 F	82	YRS.			04-29-19	09	Mar	yland_	
9a. FACILITY NAME (If not institution, g	give street and number)				R LOCATION OF DE	ATH .		UNTY OF D		
Heritage Nursin	g Centery			Dunda	lk		Bo	ultim	iare T	
10a. STATE 10b. CO Maryland B	altimore			dgemere					10d. INSIDE CI LIMITS? 1 YES 2	
10e. STREET AND NUMBER				101	. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY	?
2211 Sparrows P					21219		USA			
11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Millowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If YES, agree the process of the proc									k, Whita, atc.	
15. DECEDENT'S	EDUCATION			SUAL OCCUPATION		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLAN	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	Ma	ve kind of wo Do NOT use	retired.)	st of working					
Elementary Decordary (0-12)	4 Years		haal	Teacher		Baltime	270 (COUNT	11	
17. FATHER'S NAME (First, Middle, Last		1 50	1000	reacher	,	ME (First, Middle, Maider			-M	
John Arthur Hec					Back to the state of					
19a. INFORMANT'S NAME (Type/Print)	R	1 404	MAII ING (DDDCCC (Ctm.el.		R. Horstr Route Number, City or You		Pa Cada)		
and the second s										
Jacque C. Heck						Road, Bal				12
20a. METHOD OF DISPOSITION 1					corp. 1/	18/92 Tou		- City or To		
21. SIGNATURE OF MINERAL SERVICE	E LICENSEE	1 1		22. NAME A	ND ADDRESS OF FA	eral Home			7/ -	
"Dregon	8 16		-	7922	Kuck fun Wise Ave	eral Home nue. Boolt	of l imore	Junda 2. MD	lk, Inc	2
23. PART I. Enter the diseases, shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Canal	ise on each line		ot enter the mo					Approxi	
Sequentially liet conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSEC	DUENCE OF)	;					-	
cause. Entar UNDERLYING									ŀ	
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF							
	d									
PART II. Other significent cond	fitiona contributing to	daeth but not r	eaulting Ir	the underlyin	g cause given in	Part i. 24e. WAS A PERFO	RMED?	Y 241	b. WERE AUTOPS! AMAILABLE PRICOMPLETION COMPLETION COMP	OR TO OF CAUSE
25. WAS CASE REFERRED TO MEDIC	AL			26. P	LACE OF OEATH (C)	neck only one)				
EXAMINER?	HOSPITAL:	Tenon de la		OTHER:						
1 WES 2 NO		ER/Outpatient 3				6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige	28a. DATE Of (Month, L		26b, TIME INJU	JRY WO	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY O	CCURED		
3 Suicide 6 Could no 4 Homicide determin	reet, factory, offic	tory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
(Chock only	PHYSICIAN: To the best of								(s) end manner a	is stated.
29b. SIGNATURE AND TITLE OF CE	MIPHER O A A /	4 0 400	1		29c. LICENSE NU	MBER UZ	29d. D/	ATE SIGNE	D (Month, Day, Ye	ar)

21222



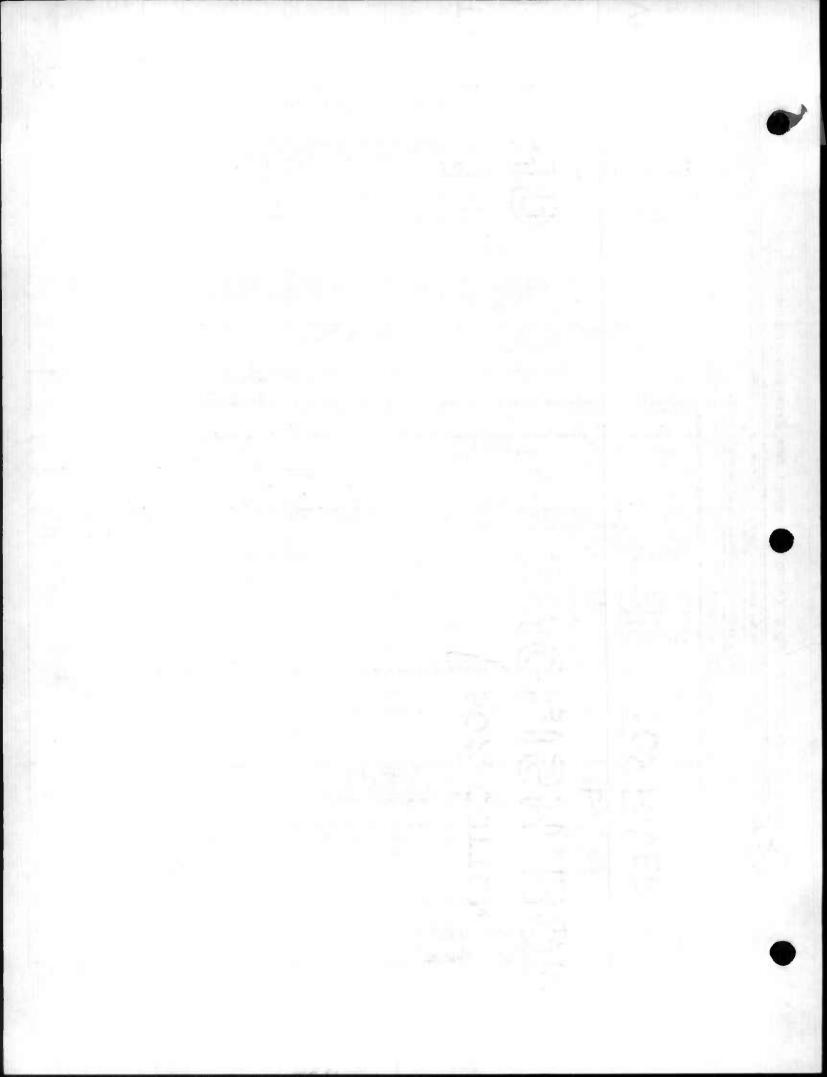
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TO THE HOWER LIBERTHING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE PULEAR DIVERTIBLE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached by the characteristic of removal	De Med with the second will be state cept. Or reserve any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

JAN 2 0 1992

1 - STATE REGISTRAR	4.5	MARYLAND / CE		IMENT				MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, L CHARLES	L cAmf	BELL						2. DATE C	F DEATH DA		YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-62-6429		6. AGE (In yrs. lest	vRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS, MIN.		F BIRTH Day, Year)	5.	Counti	IPLACE (State or Foreign y)
BALTIMORE COU	NTY GEN. H	OSPITAL		9ь. СІТУ, Р		ALLS					INTY OF D	COUNTY
RESIDENCE OF DECEDENT 10s. STATE 10b. CO		TY	10c. CIT	Y, TOWN OF		ISTO	WN					10d. INSIDE CITY LIMITS? 11 YES 2 NO
100. STREET AND NUMBER 4855 MELB	OURNE AVE					ZIP COD 2122	7			10g. Cl	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO							in, Puerto Ri	(Specify Yealican, atc.)	or No-	14. RACI Black Spec	— American Indian, k, White, etc.
						ON at of worki	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Las	t)		BUY.	THZ		16. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
ROBERT L CAMP	BELL							AH EI				
19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Numbe			er, City or Tow	n, State, 2	ip Code)	
JEAN CAMPBEL	Т	3	220 I	HOWAF	RD P	ARK	AVE,	BALT	O, MD	212	207	
20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify)		20b. PLACE of cemetary, WOODI	crematory	or other pl	ace)			DATE			- City or To	own, Stata
21. SIGNATURE OF FUNERAL SERVICE	L. Rus			JC	SEP		RUS	S FUN	ERAL BALT	HOME	2	
23. PART I. Enter the disease ahock, or heart fell IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	ure. List only one ce								_ `	iratory a	rrest,	Approximate interval Betwee Onset and Dea
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
HIV infection PERFORMED? 1 YES 2 NO OFE									D. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:			OTHER		LACE OF	DEATH (C/	heck only one	9)			
1 UYES 2 NO	1 🗆 Inpetient 2	☐ ER/Outpatient 3			ing Hor		esidence	6 🗆 Other				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation					W	URY AT ORK? YES 2	□ NO	28d. DEŞ	CRIBE HOW	INJURY O	CCURED	
3 Suicide 6 Could no 4 Homicide determin	ot be building	OF INJURY — At ho i, etc. (Specify)	me, farm,	street, facto	ory, affi	ea.		28f. LOCA City o	ATION (Street or Town, State,	and Numb)	er or Rural	Route Number,
const. Unity	PHYSICIAN: To the best of											a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER MEDICAL WHO I SIGNED AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BATTIMORE COUNTY SENERAL												



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicis ed in by the funeral director, page 5 should be detached for use as the burial-the commons.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MEMBAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriation or semanal many mith the State Death of Health and Mental Hudiene ning in prima command.	ONAMI: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF STAT	F MARYLAND / DEPARTI CERTIFIC	MENT OF HEAD	LTH AND N	MENTAL HYGIEN	E	00974
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y / YEA	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH		- 0000 M
	220-14-2882 1 DM 2 X			URS MIN.	(Month, Dey, Year)	Co	RTHPLACE (State or Foreign unitry)
	9e. FACILITY NAME (If not institution, give street end number) 9	b. CITY, TOWN OR LO	CATION OF DE	ATH .	9c. COUNTY O	TLANTA, GA
E O	Sinai Hospital		nn!	MOLE		Bald	
٦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100		17.011	Taxe
DIRECTOR	106	10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	. ~	101. ZIP	11-6			1 YES 2 NO
ER/	3210 Brightwas	/	101. 21	2/20	1	U (F WHAT COUNTRY?
FUNERAL		DENT EVER IN U.S. ARMED	13. WAS DECENDE	ENT OF HISPANI	C ORIGIN? (Specify Yee	or No 14. R	ACE — American Indian
BY F		1 YES 2 MO VE WAR OR DATES	If yes, specity	Cuben, Mexican NO Specify:	, Puerto Ricen, atc.)	В	leck, White, etc.
	15. DECEDENT'S EDUCATION						Black
ETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4)	18e. DECEDENT'S US (Give kind of worth life. Do NOT use n	UAL OCCUPATION t done during most of s etired.)	working	16b. KIND OF BUS	INESS/INDUSTR	Y
IP.	College (1-4)	H 5+)					
COMPL	17. FATHER'S NAME (First, Middle, Last)		10.	MOTHER'S NAM	NE (First, Middle, Maiden S	Surname)	
BE (TINY BROWN		В	EORA 1	WALKER		
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	DRESS (Street and Nu	imber or Rural A	oute Number, City or Town		
	BEORA CLARK		BRIGHTW			IMORE,	
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 Removal from State	20b. PLACE AND DATE OF COMON SVII	-11			ATION — City or	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CHOMINSATI	LE VET.	CEME		OWNSVI	LLE, MD
	HALMI OIL	1017	LEROY	O. DY	ETT & SO	V FUNE	CRAL HOME
	23 PART I Spike the disease of a small of	ajus	4600 L	IBERT	Y HEIGHT	S AVEN	UE 21207
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one	cause on asch lina.	entar tha moda o	f dying, such	ss cardiac or respir	story srrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		. /				Onset and Death
	recuiting in dasth) s	TO (OR AS A CONSEQUENCE OF):	5+				
Z	Committee the R	espiratory o	failure.				į
CERTIFICATION	ii any, lauding to mimediata	TO OR AS A CONSEQUENCE OF):	12110				
FIC	CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF):					
E	that initiated events resulting in death) LAST	TO (ON AS A CONSEQUENCE OF):					
	d						İ
AL.	PART II. Other eignificent conditione contributing	to deeth but not resulting in t	ha undarlying ceu	ise given in P	Pert I. 24s. WAS AN A	UTOPSY 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	anemia, copp,	"sickle all	my.		1 YES 2	1	COMPLETION OF CAUSE OF DEATH?
N					_ "		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL						
Sic	EXAMINER? HOSPITAL		THER:	OF DEATH (Chec			
H	27. MANNER OF DEATH 28e. DATE	OF INJURY 28b. TIME O	Nursing Home 5 [Other (Specify) 28d. OESCRIBE HOW IN.	HIBY OCCUBEO	
ВУ Р	1 Natural 5 Pending (Mont	h, Day, Year) INJURY	M 1 YES			JOHN GOOGHEO	
	3 Suicide 8 Could not be 28e. PLAC	E OF INJURY — At home, ferm, streeting, atc. (Specify)	et, factory, office		281. LOCATION (Street or	d Number or Run	al Floute Number,
COMPLETED	4 Homicide determined	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State)		
1PL	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beautiful of the certified of the	t of my knowledge, death occurred a	t the time, date end p	lace, end due to	the ceuse(s) end mann	er as stated.	
Sol	one) 2 MEDICAL EXAMINER: On the beels	of examination end/or investigation, in	n my opinion, death o	occured at the ti	me, date end place, end	due to the ceus	e(s) end manner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c.	LICENSE NUME	BER	29d. DATE SIGN	ED (Month, Day, Year)
0						•	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) (Type, Prin	1 //	1	011		
	31. OATE FILED (Month, Day, Year) 32. REGIS	SIAM /	o spile	- of	John		
	1/19/92 JAN	TRAR'S SIGNATURE 1 2 0 1992 Gran	a Davidson-1	Randelle	Solha		
	5/-/- 5/ /-						

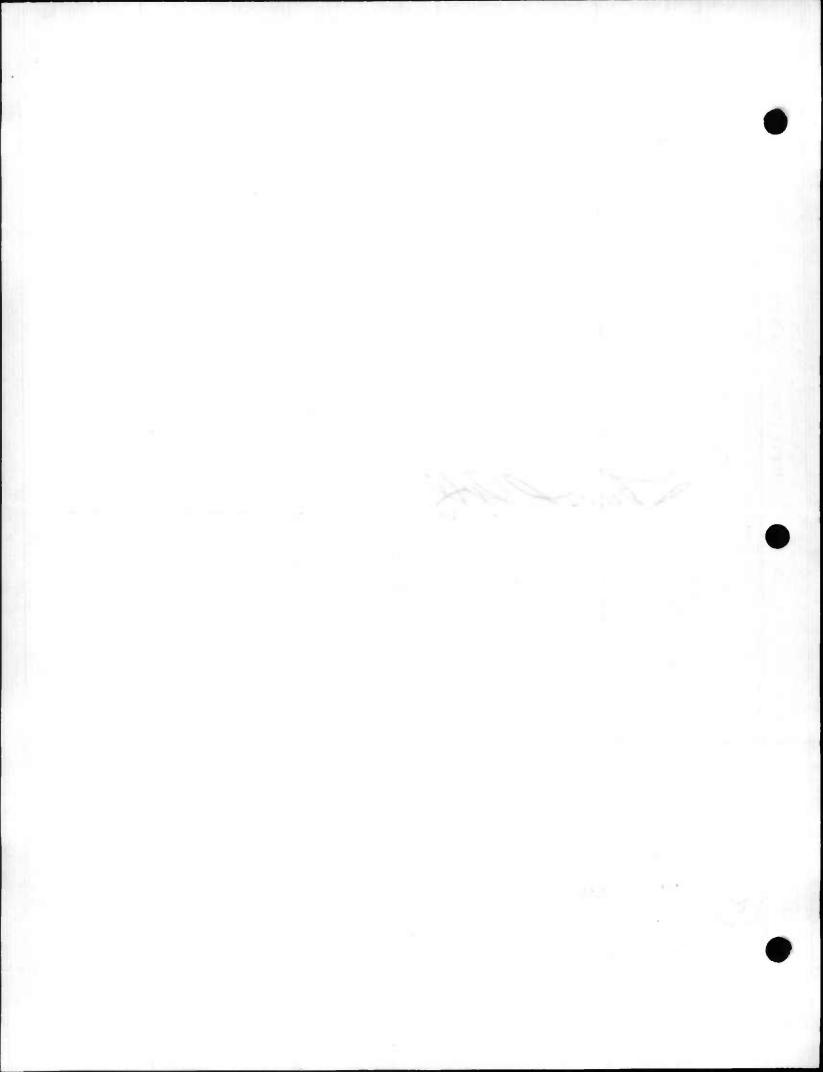


FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ORTIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTIFI	CATE O	F DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH EL	LA CO	X			2. DATE OF C	DAY			
	4. SOCIAL SECURITY NUMBER 5, SEX							, 1992		
	217-24-7042 1 D M	41 /1	_	MONTHS DAYS	HOURS MIN.	7. DATE OF B (Month, Day JAN . 19	(, Year)	C	INTHPLACE (State or Foreign ountry) [ARYLAND]	
DIRECTOR	9e. FACILITY NAME (If not institution, give street and m THE JOHNS HOPKINS RESIDENCE OF DECEDENT				ORE, MARY			9c, COUNTY O	ORE CITY	
REC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	ATION				10d. INSIDE CITY	
	MARYLAND 10e. STREET AND NUMBER			BALTI				1 X YES 2 NO		
FUNERAL	3300 BENSON AVENUE-De				21227	u.s	• a •			
BY	1 Never Merried 2 Merried FORG	OECEDENT EVER IN U.S. CES? 1 TYES 2 S S, GIVE WAR OR DATES	ARMED ZNO	If yes,	ECENDENT OF HISPAN Appecify Cuben, Maxica ES 2 NO Specify	n, Puerto Rican	ecify Yes or		RACE — American Indian, Black, White, atc.	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		DECEDENT'S L (Give kind of wo life. Do NOT use	USUAL OCCUPATOR done during in	TION nost of working	16b. KINI	D OF BUSIN	IESS/INDUSTF	ıy	
COMPLETED	G.E.D.12TH GR	(1-4 Of 5 +)	LES CI							
8	17. FATHER'S NAME (First, Middle, Lest) FRANK A. LOGUE				18. MOTHER'S NAME CLEAVIE			meme)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Stree	end Number or Rural R			State, Zip Code	9)	
F	CORINNE DUGAS				L AVENUE-					
	20a_METHOD OF OISPOSITION 1	State 20b. PLAC	DOWRII	FDISPOSITION	ORIAL PK	1/21		TION — CITY O	or Town, State	
1	21. SIGNATURE OF FUNDMAL SERVICE LICENSEE	Doll	7		AND ADDRESS OF FAC RD FUNERA					
	23. PART I. Enter the diseases, or complicat	Iona that causalt the	death Do or	41U/	WILKENS A	VENUE,	RALLI	MORE,	MD. 21229	
	IMMEDIATE CAUSE (Final	ona cause on each il	na.						Approximata interval Between Onset and Daath	
	resulting in death)	DUE TO (OR AS A CONS	SEQUENCE OF		TUCHEDI	HC J	-10 -1	412271	ON 2 hours	
VIION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions contrib	uting to death but no	t rasulting in	the underlyi	ng causa given in l	Part I 24a	WAS AN AU	TOBEY	24b. WERE AUTOPSY FINDINGS	
SCA				the enderly	ng outda given in		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL						_ ' '	123 2	YNO	DF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Inper	TAL: tient 2 - ER/Outpatient		OTHER:	me 5 Residence		icffy)			
BY PH		DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. III	JURY AT PORK? YES 2 NO	28d. DESCRIB		URY OCCURE)	
- 48		PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, at	reet, factory, off	ice	281. LOCATION City or Tow		Number or Ru	ral Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the MEDICAL EXAMINER:								se(e) end menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Obut H. Cant	7 MD			29c. LICENSE NUM	BER	2	9d. DATE SIGN	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (IT	EM 27) (Type, F	Print)						
		EGISTRAR'S SIGNATURE			-			-		
	JAN 201992 Julia Sau	idran Bradian								



0000	g physician.	hurdal-transit narmit Page 1 2 3 should	de la company de	
	after death. Page 6 may be retained by the hospital or attend	y the funeral director, page 5 should be detached for use as	noval.	cal examiner must be notified at once.
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranet narmin brane 1.2.3 ehould	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HOSPITAL DR ATTENDING PHYSICIAN: The law rec	FINE HAL, DIRECTOR: After this certificate has been	within 12 hours after death with the State Dept. of	TANT II Item 28 is marked, or Item 23 shi

FOR 1 . STATE	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND	MENTAL HYGIEN	J Z IE	009/6		
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lac	st)	N R. CHA	ATE OF	DEATH	REG. NO).	YEAR 3. TIME OF DEAT		
4. SOCIAL SECURITY NUMBER 476-01-8231	M 2 D F	74 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT - 8, 19		8. BIRTHPLACE (State or For Country) WISCONSIN		
9a. FACILITY NAME (If not institution, give UNIVERSITY RESIDENCE OF DECEMENT		9		TIMORE		9c. COUN	ITY OF DEATH		
MD .	TALBOT		TOWN OR LOCATION ST. MICHAELS						
7171 DRUM					21663		U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 V YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES WW II	1 Tyes, sq	CENDENT OF HISPA city Cuban, Maxie 2 NO Speci	NIC ORIGIN? (Specify Ya an, Puerto Rican, atc.) fy	n or No—	14. RACE — American India Black, White, etc. Specify: WHITE		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no CO, OW	done during mo stired.)	ON est of working	16b. KIND OF BU INDUST MARIN	RIAL	AND		
JOHN M. RAY					ME (First, Middle, Maiden A POOLE	Surname)			
19a. INFORMANT'S NAME (Type/Print) FRANCES J. CH	HAPMAN			and Number or Rural	Poute Number, City or Tow		/		
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE AND DATE OF CONTROL OF CONT	DISPOSITION (Na	ame of	OATE 20c. LO	CATION — C	City or Town, State LLE, MD. 212		
21. SIGNATURE OF FUNERAL SERVICE ▶ R. VI. But	LICENSEE			W. JE	4905		K ROAD 212 NS.BALTO,M		
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition requiring in death) a. Ventrular Tachycardia DUE TO (OR AS A CONSEQUENCE OF): Leart Failure OUE TO (OR AS A CONSEQUENCE OF): A cuttanture CRUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): A cuttanture DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eignificant condition	ona contributing to deeth b	ut not reaulting in t	he underlyin	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO		6 Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCI	URED		
2 Accident Investigation 3 Suicide 6 Could not b. 4 Homicide datarminad	280 PLACE OF IN HIDY	— At home, farm, atree		200	261. LOCATION (Street a City or Town, State)	and Number of	or Rural Route Number,		
	SICIAN: To the beat of my knowl								
29b, SIGNATURE AND TITLE OF CERTIFIC	mD			29c. LICENSE NUI		29d. DATE			
30. NAME AND ADDRESS OF PERSON OF	recast	Balt	ay	150	201				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							

BALTIMORE, MARYLAND 21215-0020	Nours after death. Page 6 may be retained by the hospital or attending physician. and in by the funeral director, page 5 should be detached for use as the burial-transf	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FURL DIRECTOR: The his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or a fine attending the complete of the standard of	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											- (,	103	1 1
	1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAR	ICAT	T OF H	EALTH	AND I	MENTAL	HYGIEN			
	1. DEGEOENT'S NAME (First, Middle, Last)	00	10010						2. DATE	OF DEATH	PAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5		ry				,		7		6	92	4 14 AM
	10 11 1000 1	S. SEX	B. AGE IN YES.	last birthday)	MONTHS	ER 1 YEAR	HOURS	1 24 HRS.	7. DATE ((Month)	DE BIRTH		8. BIRTHP	PLACE (State or Foreign
	200-21 612011	1 M 2 F	7	4 YRS.		HOURS MIN.				18/18	797		yland
~	9a. FACILITY NAME (If not institution, give street	t and number)			9b. CIT	b. CITY, TOWN OR LOCATION OF DEATH					_	NTY OF DE	ATH
OF	Stilla Mar	W F	Hospice		Tourson						H	30 D	k,
DIRECTOR	RESIDENCE OF DECEDENT					TOWN OR LOCATION							, ,
E				10c, CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
		altimore	3			T	OWSO	n					1 TYES 2 1 NO
FUNERAL	10e. STREET AND NUMBER					10f.	. ZIP COOE	E			10g. CITE	ZEN OF WI	HAT COUNTRY?
E	2300 Dulaney Valley	y Road						2120	4			US	SA
S	11. MARITAL STATUS 12	2. WAS DECEDENT			13	WAS OEC	ENDENT O	OF HISPAN	IIC ORIGIN	? (Specify Ye	es or No-	14. RACE	- American Indian,
	1 Never Married 2 Married FORCES7 1 YES 2 NO IN				It yes, spe 1 TES	ecity Cubar	n. Maxicar	n. Puerto R	Ican, etc.)		Black,	White, etc.	
ВУ	3 🔀 Widowed 4 🗌 Divorced	1. 1.6.7	THE OWNER OF THE OWNER OWNER OF THE OWNER			1 150	X	Speuny	/:			Specify	White
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade con	TION	16a.	OECEDENT'S	USUAL (OCCUPATIO	N		16b.	KIND OF BL	USINESS/IND	USTRY	7.112.00
H		mpleted) College (1-4 or 5 +)		(Give kind of ville. Do NOT us	work done se retired.)	during mos	st of working	ng .			10111		
PL	8	Jonaga (1 . a. c.)			Home	emake	±r						
ON	17. FATHER'S NAME (First, Middle, Last)							UEDIG NAI	AE /Elmt M	liddle, Maider	C. mamal		
							10. M.J				1 Sumarrej		
BE	Joseph Gaeng 19a. INFORMANT'S NAME (Type/Print)				120000				ry Wa				
5				19b. MAILING									
	Mrs. Mary Jane Vae	e th						ad	Balt	7			21234
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	of from State	20b. PLAC	CE AND DATE (OF DISPO	SITION (Ner	me of		DATE	20c, L0	OCATION — C	City or Tow	n, State
	4 Donation 5 Other (Specify)		Most	Holy	Rede	emer	Ceme	eter	v 1/2	2d/92	Balt	timor	re Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE,	0	-11-12-		. NAME AN							-
	> Michael	14,	1		Day	1 - 00		Dec	1	TT - ma	-	7.0	
-	-//sucraw	Luc	K										50 York Rd
	23. PART I. Enter the diseases, of complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory srrest, interval Batwee												
1	IMMEDIATE CAUSE (Final	Λ	\ P	Α.									Interval Batween Onset and Death
	disease or condition resulting in death)	Car	Lion	4. 14	AL IS	ua	hu	(lu	it			
	Treating in Gaztin	DUE TO	OR AS A CONS	SEQUENCE OF	7):	00	1			41			
z		- ASC	VD		3)-		U						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A CONS	SEOUENCE O	F):			-					+
A	cause. Enter UNDERLYING												j
F	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	SEOUENCE O	F):								1
F	resulting in death) LAST				,								İ
CE	a												<u> </u>
	PART II. Other significant conditions of	ontributing to	daath but not	t resulting	in the ur	ndarlying	cause g	lven in f	Part I.	24a. WAS AN		24b. V	WERE AUTOPSY FINDINGS
MEDICA										PERFO	RMED?	T A	WAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TYES	2 NO		OF DEATH?
Σ												1	1 YES 2 NO
Z													
3 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:					ACE OF DE	EATH (Che	ck only one)			
O			ER/Outpetient	3 DOA	4 W Nur		5 Rei	sidence i	6 🗆 Other	(Specify)			
rsic	A MANUEL OF COLUMN STATE OF CO										INJURY OCC	UREO	
HYSIC	27. MANNER OF DEATH		(Month, Day, Year) INJURY WORK?				WORK?						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending		ly, Year)	IN.	M	1 Y	1 YES 2 NO						
BY	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	(Month, Day 26e. PLACE OF	INJURY — At I		M treet, fact			NO	28t. LOCA	TION (Street	and Number of	≃ Rural Roc	the Number
BY	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day 26e. PLACE OF	F INJURY — At Parts. (Specify)		Mreet, fac:] NO	28t. LOCA City of	TION (Street Town, State)	and Number o	or Rural Roo	ute Number,
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, a	F INJURY — At Pate. (Specify)	home, term, s		ctory, office			City or	r Town, State))		ute Number,
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN	26e. PLACE OF building, a	FINJURY — At I	home, term, a	ed at the t	time, date s	and place,	end dua t	C/ty or	e(s) and me	nner as state	ed.	
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, a	FINJURY — At I	home, term, a	ed at the t	time, date s	and place,	end dua t	C/ty or	e(s) and me	nner as state	ed.	
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN	26e. PLACE OF building, a	FINJURY — At I	home, term, a	ed at the t	time, date a	and place,	end due t	to the caus	e(s) and me	nner as state	ed. o cause(s) s	

7505 Osler Drive

Towson, Maryland 21204



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Ebrahim Ipakchi, M.D.
31. DATE FILEO (Month, Day, 16ar) 32. REGI

BALTIMORE, MARYLAND 21215-0020	executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law mountainment of completely filled in by the function page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been induced and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Heart and Terminal Hypierop prior to burial, cremation, or removal.

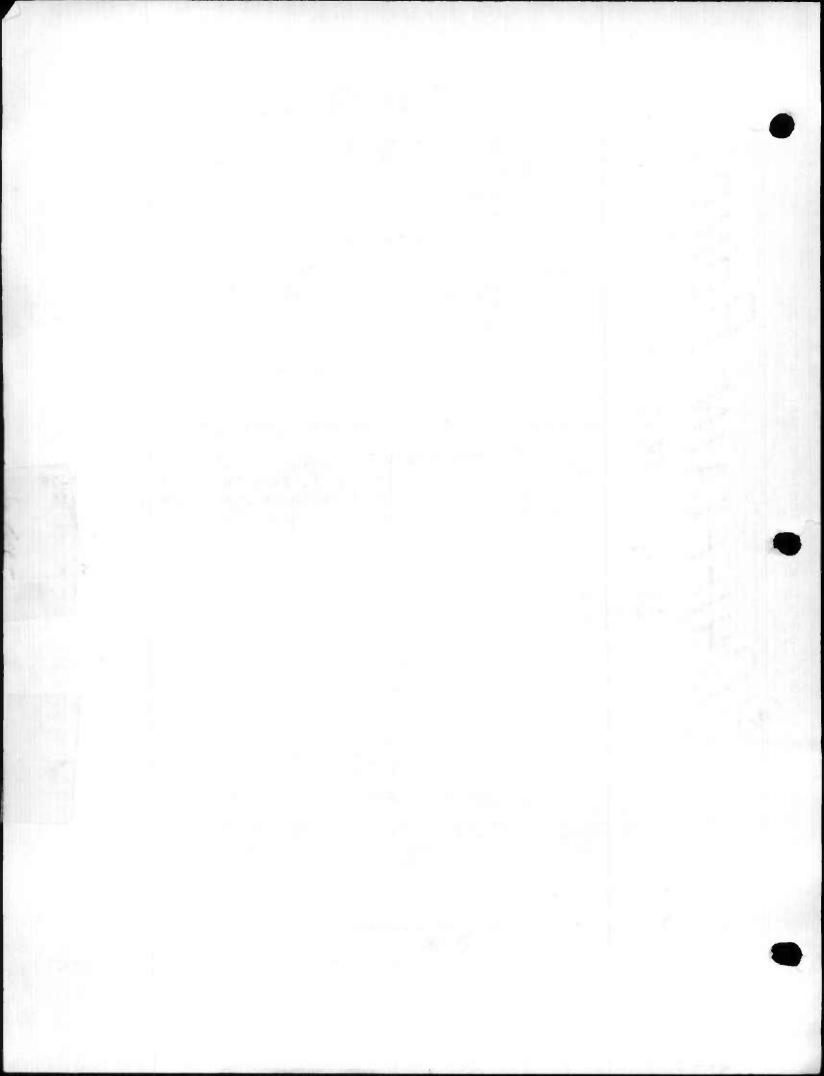
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be natified at one. O. BOX

										36.	U	09/8	
	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPART	MENT O	F HEALTH	AND M		HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	0						2. DATE OF				3. TIME OF DEA	ATH
	Tucker	K	/ D	eari	n e		- 1	MONTH	DA 1	7	9 2	7:50	Α. μ
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les		IF UNDER LYE	AR IF UNDER	24 HRS.	7. DATE OF	BIRTH		-	IPLACE (State or I	
	229-18-6241	1 ★ M 2 🗆 F	75	YRS.	ONTHS DA	NOURS	MIN.	(Month, E			Count	(1/2)	
	9e. FACILITY NAME (If not institution, give :	street and number)	75	- 1	9b. CITY, TO	VN OR LOCATIO	ON OF DEA		1916	Be com	VIII	RGINIA	
	600 Willow	1110			Baltimore					J. COO.	HIT OF D	EAIN	
1 5	600 Willow A	ive.			ва	Limor	re						
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CIT	Υ
	MD.			BAI	TIMOF	E CITY	7					LIMITS?	NO
¥	10e. STREET AND NUMBER					101. ZIP CODE	E			10g. CITI	ZEN OF V	WHAT COUNTRY?	
FUNERAL	600 WILLOW AV	VE.				2	21212				IIS	77	
5	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS	DECENDENT O	F HISPANIC	C ORIGIN?	Specify Yee	or No-		E — Americen Ind k, White, atc.	flen,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	OR DATES			Specify Cuber		, Puerto Rici	in, etc.)		Speci		
	The state of the s	19/23/42 -								- 1	_	EGRO	
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S US	rk done during	ATION most of working	ng .	16b. KI	ND OF BUS	SINESS/IND	USTRY		
2	Elementery/Secondary (0-12)	College (1-4 or 5+)	IIIe.	Do NOT use i	retired.)		_						
COMPL				LAWY	ÆR								
ပ္ပ	17. FATNER'S NAME (First, Middle, Last)					1e. MOTN	VER'S NAM	E (First, Mide	tle, Meiden S	Surname)			
BE	TUCKER DEARII	NG .						E BEN			_		
2	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING AI	DDRESS (Str	et and Number	or Rural Ro	oute Number,	City or Town	n, State, Zip	Code)		
	ANNIE DEARING			600 M	MOTITIA	AVE,	BALT	O, MD	. 2	21212			
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State		AND DATE OF		(Name of		19ATE	20c. LOC	CATION —	City or To	wn, State	
- 1					OREST	VERET		1/22	BAI	LTO C	OUN!	TY,MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME													
	* Xoseph o	1. Kuss	2/			2 W. N						21216	
z	shock, or heart feliure. Liet pnly one ceuse pn each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Onset and Death Due to (or as a consequence or): Sequentially list conditions b.												
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST												
	PART II. Other eignificent condition	e contributing to de	ath but not re	equition in	the underi	don course of	ducin In D			10000	T		
S				counting in	the underly	mig couse g	iven in re	ert 1. 24	PERFORM		24b.	WERE AUTOPSY F AVAILABLE PRIOR	TO
								_ 1	YES 2	□,NO		COMPLETION DF DF DEATN?	CAUSE
Σ								- 1	War	nay		1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			THER:	PLACE OF DE							
5 }	27. MANNER OF OEATH	1 Inpetient 2 E				ome 5 🗆 Res							
	1 🕅 Natural 5 🗌 Pending	(Month, Day,		286. TIME C	IY	INJURY AT WORK?		28d. DEŞCRI	BE HOW IN	JURY OCC	URED		
B	2 Accident Investigation	24 - 24 4 25 25 11				YES 2							
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	(Specify)	me, ferm, stra	et, factory, o	ffice	2	City or To	ON (Street en own, State)	nd Number (or Rural A	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, dea	ath occurred a	at the time, o	ets and place,	end due to	the ceuse(e	e) and mann	ner se state	d. ceuse(e)	end manner ea s	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	10	,			29c. LICE	NSE NUMBI	ER		29d. DATE	SIGNEO	(Month, Day, Year)	
5	Who her he	your	M	1		0	C.M	F		• 1	-17	-92	
F	30. NAME AND ADDRESS OF PERSON WHO	S. LONS	OF OEATH (ITEM				V a IVI				-1/	-4/	
	JAN 2 0 1992	32. REGISTRAR'S	SIGNATURE		nn St	reet,	Ra'	ltim	ore,	Mar	yla	nd 212	01
	OHI & U IOUL		-Marian	6									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE THIS CERTIFICATION TO THE FUNERAL DIRECTOR. After this certificate the contract of the tension of tension of the tension of the tension of the tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tension of tensio DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N			CATE OF				REG. NO.			16(d) PI
	1. DECEDENT'S NAME (First, Middle, Last)	Dun	can	,				2. DATE OF MONTH		7	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH by, Year)		a, BIRTHI	PLACE (State or Foreign
	578-18-4577	1 M 2 F	72	YRS.	MONTHS DATS	HOUNS	Milita.	01	07	20		
_	9e. FACILITY NAME (If not institution, give	street and number)	, 1		9b. CITY, TOWN	OR LOCATION	ON OF DE	ATH		9c, COU	NTY OF DE	ATH
0	ST, JOSEPH'S	1405/114	me		701	NUS	SN			1	ALT	MORE
E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CITY.	TOWN OR LOCAT	ION				-		10d. INSIDE CITY
DIRECTOR	MD			Pa	ltimor	0						LIMITS? 17 YES 2 NO
	100. STREET AND NUMBER			Da		. ZIP CODI	E			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	6116 Belair B	Road				2120	6			TT	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S				- American Indian, White, atc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	40		ecity Cubs		n, Puerto Rice /:	n, atc.)			White
B	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DE	CEDENT'S U	JSUAL OCCUPATION	ON set of worlds	107	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	H/n	Do NOT use	retired.)		9					
MP			/7	ome	mak	2R1						
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	ME (First, Midd	lle, Maiden	Sumeme)		
BE		nowN					un	Know				
2	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street o							
	Margaret Hende	erson			Belair				7			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rec	moval from State	other of	ece)	nt Cem						City or Tov	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Gree	miou								
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. Russ Funeral Home, 2222-2 West North Avenue, Balto., MD 21216										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
ERTIF	that initiated events resulting in death) LAST	d	(OH AS A CONSE	OUENCE OF);							
	PART II. Other algorificant condition	one contributing to	deeth but not	reculting is	n the underlyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
CAL	Seinus di		_						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	3	0,00	ilure					_ ['	TES X	DEMO		OF DEATH? 1 YES 2 NO
Σ.	00.00000	10 001100	-1110	200								10 12 7 60
A	25. WIS CASE REFERRED TO MEDICAL	I	CUNK	WX.	26. P	LACE OF D	EATH (Ch	eck only one)				
					OTHER:			a 🗆 aut m				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient		4 Numing Hon	1e 5 Re	esidence	8 Uther /S				
HYSIC	EXAMINER?	1 Uppatient 2	INJURY	28b. TIME		JURY AT	esidence	28d. DESCR		NJURY O	CURED	
Y PHYSICIAN:	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pending	28n. DATE OF (Month, D	INJURY	□ DOA	OF 28c. IN.	JURY AT				NJURY O	CURED	
ВУ	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIME	OF 28c. IN.	JURY AT ORK? YES 2		28d. DESCR	IBE HOW II	and Numbe		oute Number,
	EXAMINER? 1	28e. PLACE Of building, 28e. PLACE Of building, (SICIAN: To the best of a lier.)	INJURY lay, Year) F INJURY — At he etc. (Specify) my knowledge, de xamination and/or	28b. TIME 28b. TIME INJU DITE:	FOF 28c. IN WC 1 Interest, factory, officed at the time, date in, in my opinion, c	JURY AT DRK? YES 2 [NO NO	28f. LOCATION OF THE COLUMN TO THE CAUSE (Time, date end	ON (Street of fown, State)	nner as sto	or or Rural R	and manner ee stated.



FOR STATE REGISTRAR

MARK

2

2 U 1992

1. OECEOENT'S NAME (First, Middle, Last)

	4. SOCIAL SECURITY NUMBER 213-78-3969	5. SEX	6. AGE (In yrs.)		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTHPLACE (State or Foreign Country)	
OR	9a. FACILITY NAME (If not institute UNIVERSITY RESIDENCE OF DECED					OR LOCATION OF O	4/7/59 EATH	9c. COUN	Maryland TY OF OEATH	
DIRECTOR		COUNTY			own or Local				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	100. STREET AND NUMBER 1814 Wilhelm	Street			10	H. ZIP CODE 21223			EN OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 M Olvorced	12. WAS DECEOR FORCES?	ENT EVER IN U.S. A 1 YES 2 2 WAR OR OATES	RMEO (NO	If yes, s	CENOENT OF HISPAI Decity Cuben, Maxica S 2 NO Specifi	n, Puerto Rican, etc.	USA 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15, OECEOEN (Specify only high Elementary/Secondary (0-12) 10	it's EOUCATION lest grade completed) College (1-4 or t		ECECENT'S US Give kind of work b. Do NOT use in	and a second second	ost of working hinist	18b. KINO OF	BUSINESS/INOL		
BE COA	17. FATHER'S NAME (First, Middle, Gwendol L.						ME (First, Middle, Me. L. Trott	iden Surname)		
TO B	19a. INFORMANT'S NAME (Type/P	mr.	1			end Number or Rural	Route Number, City or	Town, State, Zip 17331	Code)	
	20e. METHOO OF DISPOSITION	☐ Ramoval from State		ANODATEOFIC rematory or other	ISPOSITION (N	ame of	DATE 20c	LOCATION - C	ity or Town, State	
	21. SIGNATURE OF THE MAIL SET		aufm	ann	22. NAME A	NO ADDRESS OF FA L. Kaufma Main St.	an Funera		21227	
	23. PART I. Enter the disease shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a.	et coused the deuse on each lin	TV-	enter the mo	ode of dying, suc	h se cerdiac or re	eepiratory arre	st, Approximate intervsi Between Onset and Death	
ERTIFICATION										
EDICAL C	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 \(\subseteq \text{NO} \)								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
SICIAN: M	25. WAS CASE REFERRED TO MECENAMINER? 1 XYES 2 NO	HOSPITAL:	☐ ER/Outpatient		THER:	LACE OF DEATH (Che			1 YES 2 NO	
BY PHYSIC	27. MANNER OF OEATH 1 Netural 5 Pendi	28a. DATE O		28b. TIME O INJURY 6:00	28c. IN.	DIC2	20d. OESCRIBE HO SUBJECT			
8	3 Suicide e Could		OF INJURY — A1 h	REET	t, factory, offic	•	281. LOCATION (Str. 1800) BI	eet and Number of	SEY ST.BALTO	
SOMP	29a. CERTIFIER (Check only pre) 2 M MEDICAL (of my knowledge, d examination and/or	eath occurred a Investigation, in	t the time, date	and place, and due	lime, data and place	menner as stated, and due to the	i. cause(s) and menner as stated.	

Item: 28a, per MEO G-684 2/10/92 reb

C.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIXON

1992

3. TIME OF DEATH

Α

5:43

REG. NO

1 5^{AY}

2. DATE OF OEATH

29d. OATE SIGNEO (Month, Day, Year)

▶01-15-1992

111 N. PENN STREET BALTIMORE, MARYLAND 21201

O.C.M.E

OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE DE

MONTH

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permit. Pages 1, 2, 3 should

10 THE MUSTINE DIRECTION OF TENDING PRINCIPLY THE NAVIOUS WAS INCOMED TO THE MUSTING DESCRIPTION OF THE PROSPECT OF THE PROSPE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
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9	or us		
Spital	hed f		
9	etach		nce
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5	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 00981 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) HORACE CONARD DU BOIS 2. DATE OF DEATH DUBOL S ZRACE 3.40 8 6 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month Day, ther) 5 10 0 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 9/) YRS. MONTHS 0131 1 M 2 - F DAYS HOURS 165 Penna Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. AGnes Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore County Catonsville Maryland 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Frederick House 703 Maîden Choîce Lane 21228 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White NO NO BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Retired Baptist Elementary/Secondary (0-12) College (1-4 or 5+) Minister 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clifford Monroe Du Bois Ellen (Nellie) Letson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Muriel Ross Griffith 204 Gloucester Drîve, GlenBurnîe, MD 21061 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 Removal from State cemetery, crematory or other place; 4 ♥ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dîr State Anatomy Board 1-17-92 655 W. Baltimore St, Balto., MD 21201 Med 23 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betwe Onset and Death **IMMEDIATE CAUSE (Final** disease or condition FAILURE ONGESTINE HEARY 17 IYR. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 2 125 PORTIC TENOSIS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) OTHER: OTHE						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY OCCURED			
3 Suicide a Could not be determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fa	ectory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

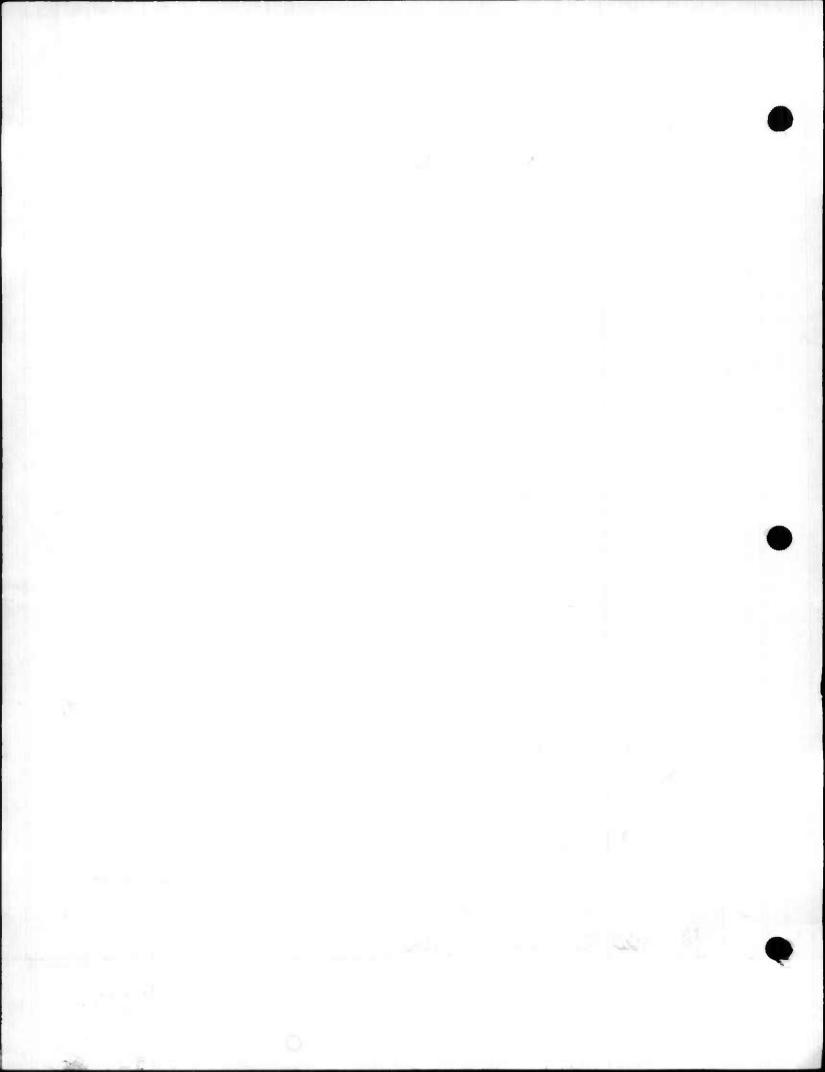
(Check only	The centre into Principle. To the best of my knowledge, bearn occurred at the time, dete and place, and due to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as sta

a MEDICAL EXAMINER.	. On the beat of axammation and/or investigation, in my opinion	, death occured at the time, deta and	place, and due to the cause(a) and manner se stated.
b. SIGNATURE AND TITLE OF CERTIFIER	0 - 0.	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Arebool.	RESIDENT PHYSICIAN.		1 116192

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ASUMAN YEBRAH,	STAGNES HOIP	900 CATTO	AVE.	BARTO, und	21229

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JAN ZUO 1337	The selection will bende 00 3
011119	932. REGISTRAR'S SIGNATURE Julia Davidson-Rando

1/16/92



BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First,			CERTIF	ICATE	OF	DEAT	H	MENTAL HYGIEN REG. NO	-		00982		
Betty								2. DATE OF DEATH	<u> </u>	YEAR 2	3. TIME OF CEATH		
4. SOCIAL SECURITY NUMBER	R 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH	7	8. BIRTHE	PLACE (State or Foreign		
218-18-7589	1 🗆 M 2 🖟		7 YRS.	MONTHS	DAYS	HOURS	MIN.	2/15/	24	Mar	yland		
9e. FACILITY NAME (If not inst	*			9b. CITY,		R LOCATIO	ENTH E	ATH	9c. COU	NTY OF DE	ATN		
University)TraT		B	4/7	Ima	ne,		1.00				
100. STATE Md.	10b. COUNTY		Y, TOWN O		ION					10d. INSIDE CITY LIMITS?			
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15. DECEI (Specify only	DENT'S EDUCATION nighest grade completed)	16e.	OECEDENT'S (Give kind of ville. Do NOT us	USUAL OC	CUPATIO	N st of working	9	16b. KIND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (0-1	2) College (1-4	or 5+)											
17. FATNER'S NAME (First, Mid	Ile, Last)		Ноше	make:	<u>.</u>	10. MOTH	FR'S NAI	ME (First, Middle, Maiden	Cumpmal				
(Unknown)	Rodgers						Unkr		Gornemay				
19e. INFORMANT'S NAME (Typ	e/Print)		19b. MAILING	ADDRESS	(Street ar	nd Number	or Aural A	loute Number, City or Tow	n, State, Zip	Code)			
Betty L. Pu			2005	Vilke	ns	Ave.	Ba	ltimore. M	id.	21223			
21. SIGNATURE OF FUTUE AL 23. PART I. Enter the diselect, or her	my L.	taufn	deeth. Do r	Ga 56	ame an ary]	o Addres L. Ka Main	st.	an Funeral Elkridge	, Md.	21	227 Approximate interval Between		
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29c. LICENSE NUMBER AU 4/36 29d. OATE SIGNEO (Month,

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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University of Md. Hospital, Baltimore, Md.

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32. REGISTRAR'S SIGNATURE June Daydoon-Handale

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BALTIMORE, MARYLAND 21203-3146

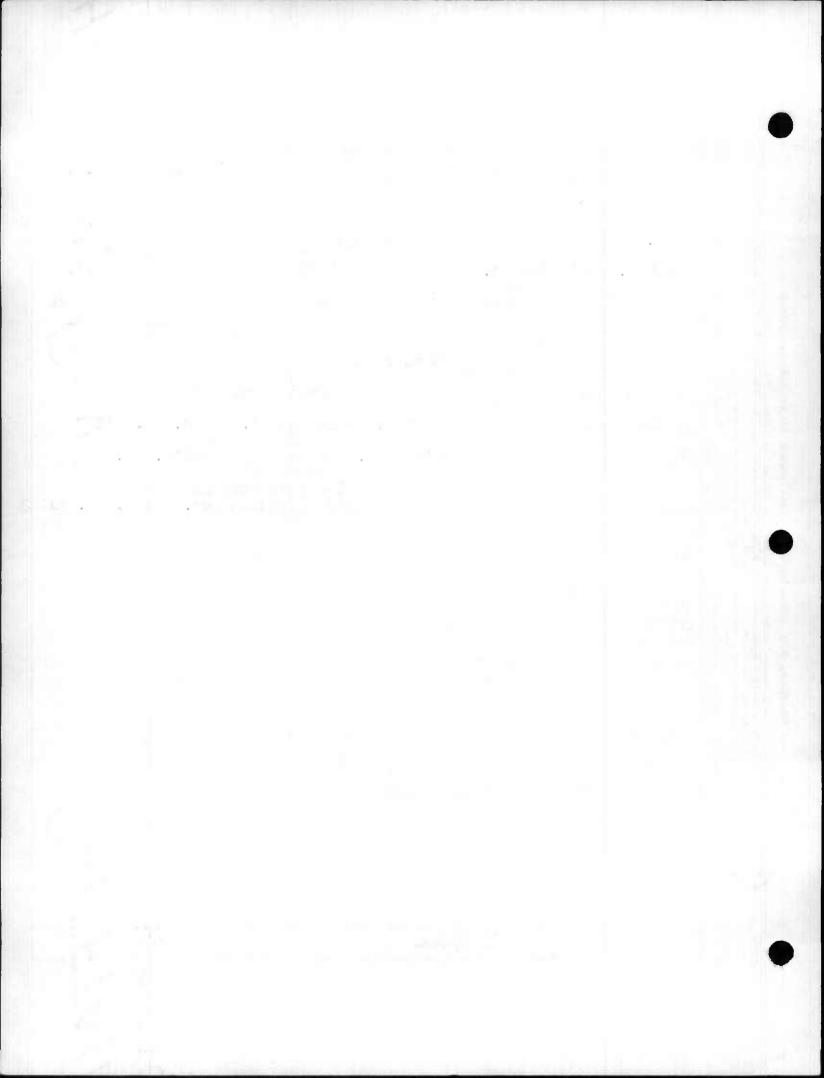
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ysician.	rial-transit permit. Pages 1, 2, 3 should	
PINEL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- frours after death. Page 6 may be retained by the hospital or attending physician.	PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	t be notified at once.
cuted within 24 hours after death. Page 6 m	I completely filled in by the funeral director, rial, cremation, or removal.	L. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
v requires that the death certificate be exec	been signed by the attending physician and t. of Health and Mental Hydiene prior to bu	shows any injury, or other traumat
THE DR ATTENDING PHYSICIAN: The law	Att DIRECTOR: After this certificate has to hours after death with the State Deot	Il item 28 is marked, or item 23

REGISTRAR 1. DECEDENT'S NAME			<u> </u>	ERTIFICAT			2. DATE OF	DEATH DA	Y	YEAR	3. TIME OF DEA	
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4. SOCIAL SECURITY N		5. SEX	5. AGE (In yrs. las	MONTHE	DAYS HOU	NDER 24 HRS.	7. DATE OF I (Month, De			8. BIRTH Count	HPLACE (State or F	oreign
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10a. STATE Md.	10b. COUNT	rγ		10c. CITY, TOWN							10d. INSIDE CIT LIMITS? 1 TYES 2	
10e. STREET AND NUM	IBER			Baltin	10r. zip	CODE			10n. CIT	IZEN OF V	WHAT COUNTRY?	NO
		ngton St	-			223			log. Gr	ILLI OF	U.S.	
11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Married	12. WAS DECEDED	NT EVER IN U.S. AR 1 YES 2 K WAR OR DATES	MED 13	WAS DECENDE if yes, specify (NT OF HISPA Cuban, Mexic	an, Puerto Rica		or No—	14. RACI Blac Spec	E — American Ind	en, ck
15.	DECEDENT'S ED		+) (G	CEDENT'S USUAL Clive kind of work done Do NOT use retired.	during most of v	working	16b. KP	NO OF BUS	BINESS/IN	DUSTRY		
17. FATHER'S NAME (FA Samuel		5					Boulv					
Bertha I			2	127 W.	Se (Street and Nu Lexin						21223	
20a. METHOD OF OISP 1 1 Burlel 2 Cree 4 Donation 6 0	mation 3 🗆 Rei	moval from State		of DISPOSITION (** TUS Men					cation -		own, State	
STANKIONE OF POR	NERAL SERVICE L	JCENSEE .	_ 111 00		. NAME ANO AD	ODRESS OF F					4.	
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23. PART I. Entel ti shock, IMMEDIATE CAUSE disease or condition	he diseases, or or heert failure (Final on)	complications the List only one ca	at caused the da	auth. No not ante by OUENCE OF):	Wainw 2700 or the mode of	righ Edmon Edmon	t Fune	eral Ave	HOI Britatory ar	me	Approxir	ata
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HOSPITAL Boltmore,

JAN 201992



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexed filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunat, cremation, or removal.

IMPORTANT: If item 26 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

JAN 2 0 1992

32. REGISTRAR'S SIGNATURE

	st, Middle, Last)		C. GILL						2. t	NUARY 16	. 19	92 192	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. is	ast birthday)	IF UNDER 1	-	IF UNDE		7.0	ATE OF BIRTH			HPLACE (State or Foreign
232-22-809		1 M 2 XXF	79	YRS.	MONTHS	MYS	HOURS	MIN.	1	Month, Day, Year) 0-25-191	2	WES	ST VIRGINIA
9a. FACILITY NAME (II not		street and number)			9b. CITY, T			ON OF O	EATH		9c. COU	NTY OF	DEATH
1901 ARMCC					DUNDALK							BAL7	TIMORE
10a. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
MARYLAND		LTIMORE	ORE DUNDALK									1 YES XX NO	
100. STREET AND NUMBE					101.	ZIP COD		10g. CITIZEN OF				WHAT COUNTRY?	
1901 ARMCC	WAY							212				U.S	S.A.
1 Never Married 2	Married	12. WAS DECEDEN	YES 2 X	RMED (40	If y	es, spec	offy Cube	n, Mexica	in, Pu	RIGIN? (Specify Yea arto Rican, etc.)	or No-	14. RAC Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Div	rorced	IF YES, GIVE V	MAR OR DATES		1 [YES 2	X)X(10	Specify	y:			Spec	WHITE
15. DE (Specify of	CEDENT'S EDU	ICATION completed)	16a. D	ECEDENT'S	USUAL OCC	JPATION	d			16b. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)		vork done dur se retired.)		OF WORKH	ng					
8TH GRADE		N/A		НОМ	E MAKE							OME	
17. FATHER'S NAME (First,										irst, Middle, Maiden	Sumame)		
JOHN R. MC				Db. 88.811 Ib.16						MARKLEY			
GEORGIA E.		оитси	13							Number, City or Town			01000
20a. METHOD OF DISPOSI	TION		20b. PLACE		OF DISPOSITI			DA		IMORE, M			21222 own, Stata
1 W Burlal 2 Cremat 4 Donation 5 Other	ion 3 🗆 Rem	noval from Stata	Cemetery, cr	ematory or o	ther place) EMETER	V	1-2	0-19	90				W. VIRGINI
21. SIGNATURE OF TUNER	AL SERVICE LI	CENSEE	5	7	22. NA	ME AND	ADDRE	SS OF FA	CILITY	,			
Are	dan	80.	bed	_	792	2 W	ITSE	AVE	NUI	AL HOME E DUNDA	IK M	D	LK INC. 21222
	munite.	Compilections the List only one cau	t ceused the d	eeth. Do r e.	of enter th	e mod	e of dy	ng, auc	h aa	cerdiac or respi	ratory ar	reat,	Approximata interval Between
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if any, leeding to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 10 27. MANNER OF DEATH	ediate // Company // C	b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	COUENCE OF	OTHER: 4 Nursing	riying (26. PLA) Home C. INJUR	CE OF D	EATH (Che	Part	I. 24a. WAS AN PERFORI	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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if any, leeding to immicause. Enter UNDERLY CAUSE (Disease pr in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5	ediate // Company // C	b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	COUENCE OF COUENCE OF	OTHER: 4 Nursing EURY M	riying 26. PLA Home C. INJUR WORI	CE OF D	EATH (Che	Part :	I. 24a. WAS AN PERFORI 1 YES 2 Ny one) Other (Specify)	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leeding to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	ediate FING ST ant condition TO MEDICAL Pending Investigation Could not be determined	b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpetient 3 INJURY ay, 'ber' F INJURY — At ho etc. (Specify)	COUENCE OF COUENCE OF	OTHER: 4 Nursing E OF 28 URY M M Virtual 1, factory,	ZS. PLAN Home WORI YE office	CE OF D	EATH (Che eldence	Part : 6 () (28d.) 281.	1. 24a. WAS AN PERFORI 1 YES 2 Diher (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State)	MED? NO	CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leeding to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 RO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CERTIFIER (Check only)	ediate FING ST ant condition TO MEDICAL Pending Investigation Could not be determined	b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpetlent 3 INJURY ay, 'bar) F INJURY — At ho etc. (Specify) my knowledge, de	COUENCE OF COUNCE OF COUNCE OF	OTHER: 4 Nursing E OF URY M itraet, factory, d at the time	PLANTING Home WORIN YE office	CE OF D S PR AT AT KY S 2	EATH (Che aldence	Part	I. 24a. WAS AN PERFORM 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leeding to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 RO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CERTIFIER (Check only)	Pending Investigation Could not be determined TIFYING PHYSI DICAL EXAMINE E OF CERTIFIES	b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpetlent 3 INJURY ay, Your) FINJURY — At he etc. (Specify) my knowledge, do warmingtion and/or	COUENCE OF COUNTY OF COUNTY O	OTHER: 4 Nursing E OF What I actory, white the time in, in my opin	26. PLAN Home WORI YE office deta ai	CE OF DI	EATH (Che aldence I NO and due ed at the	Part	I. 24a. WAS AN PERFORM 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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permit. Pages 1, 2, 3 should

O. BOX 68760, DIVISION OF VITAL RECORDS, P.

detached for use as the burial-transit notified at page 5 should pe must funeral director, examiner in by the f medical and completely filled or burial, cremation, or the requires that the death certificate be executed within traumatic event, prior to the attending physician I Mental Hygiene prior to other 0 injury, been signed by the of. of Health and M S shows any inje has be Dept. THE HOSPITAL OR ATTENDING PHYSICIAN: The law IN THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is

Rypnins

32, REGISTRAB'S SIGNATURE DE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR WAKELIN 01 HAYNIE 1992 17 1:47 РМ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 090-14-7448 DAYS 11/30/16 1 X M 2 | F 75 Virginia 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2230 Christian Street 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 N Merried 2 NO В 1 YES 2 NO Specify: 3 Widowed 4 Divorced WWII white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) Oiler U. S. Coast Guard 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) John M. Haynie Sadie Marsh BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine M. Haynie 2230 Christian St., Balto., Md. 20e METHOO OF DISPOSITION
1 M Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DF DISPOSITION (Name of 20c. LOCATION — City or Town, State PATE 1/21 4 Donetion 5 Other (Specify) Loudon Park Cemetery Balto., Md. 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main Street, Elkridge, Md 21227 23. PART I. Enter the diseases, pr complications that caused the desth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, shock, or heart felters. List only one cause on each line. Approximats Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE PULMONARY DISEASE CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 ND Thyonry PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 ☐ Inpatient XIXER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 26e. DATE DF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME DF 28d. DEȘCRIBE HDW INJURY OCCUREO 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 8 Could not be 4 Homicide COMPLET 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and menner se stated.

2 MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) TI O.C.M.E. ▶ 01/17/1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET, BALTIMORE MARYLAND 21201

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1 - STATE REGISTRAR	
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by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should imporal.

the medical examiner must be notified at once.

INTRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or

TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

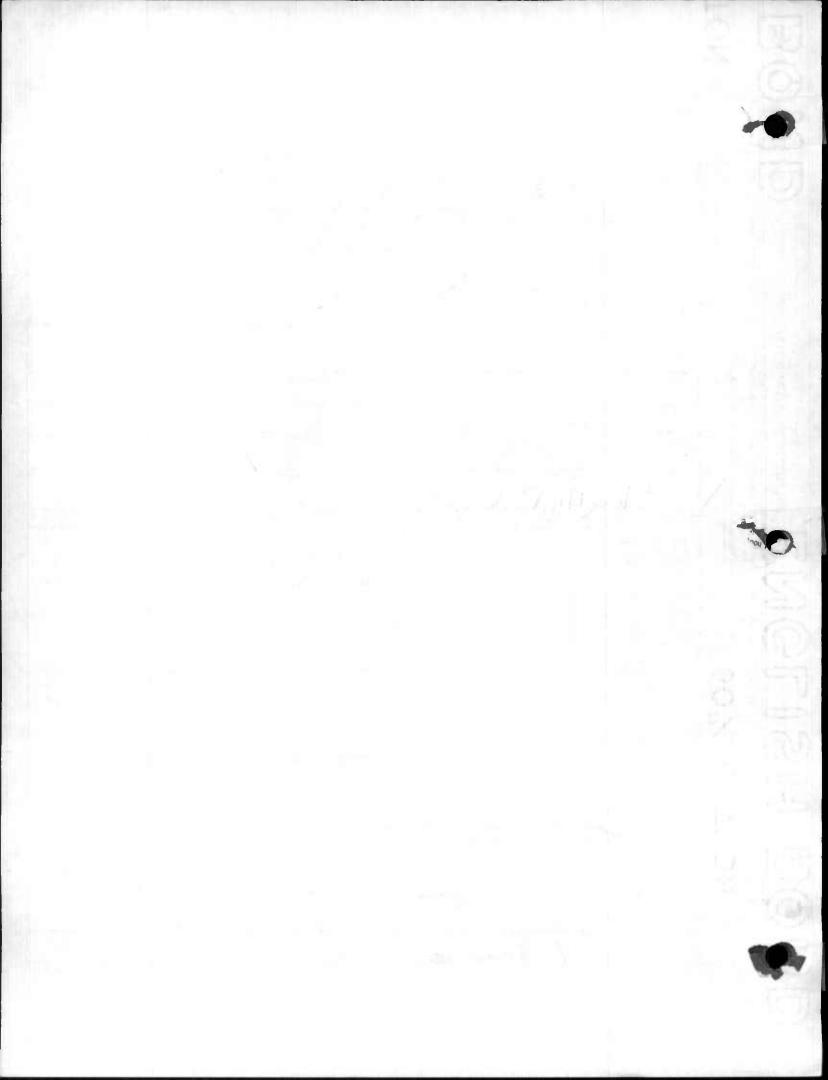
's after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)						DEATH	2. DATE C	REG. NO			3. TIME	OF DEA	TH
	EMMA E	. HAUP	Т				JAN		XAY	992	4:1		Α.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	Dev. Year)		8. BIRTI	HPLACE (S	itate or Fi	oreign
220-44-3515	1 M 2 F	97	YRS.					r.10	/94		ARYL	ANI)
9e. FACILITY NAME (If not institution, give a BAPTIST HOME		LAND				NGS MII				ALT		E	
RESIDENCE OF DECEDENT 10e. STATE MD •	BALTIM	ORE	10c. CITY,			NGS MII	J.S				LIK	HDE CIT	
10e. STREET AND NUMBER		-				ZIP CODE	110		10a CI	TIZEN OF			NO
10729 PARK HE							117			U.S.			
11. MARITAL STATUS 1 Never Merried 2 Merried Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 2 N MAR OR DATES	MED		If yes, spe	ENDENT OF HISPAI city Cuban, Mexico 2 1 NO Specif	n, Puerto R		e or No—	14. RAC Blac Spec	E — Americk, White,	ican Indi	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GI	CEDENT'S U ive kind of wo Do NOT use	ork done	CCUPATIO during mo	N st of working	16b.	KIND OF BU	JSINESS/IN	DUSTRY			
12			HOUS	EWI	FE			OWN	I HO	ME			
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, M	liddle, Maide	n Surname)				
HARRY JONES						ELLA	STRA	AN					
199. INFORMANT'S NAME (Type/Print) A . NORWOOD FU	NK					nd Number or Rural CK ROAD		er, City or To BALT]). 2	121	0
20a, METHOD OF DISPOSITION Burial 2 Cremation 3 Rem	noval from State	20b, PLACE	AND DATE	OF DISP	OSITION		DATE	20c. L	OCATION -	- City or T	own, State		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I POOD(ON PI			METERY D ADDRESS OF FA		BAI					
Mills &	1.Pal	ema 1	^	400		Y W. JE	-	1905 IS AN					
23. PART I. Enter the diseases, or shock, or heart fallure.	complications the	at caused the de	th. Do no	ot enter	the mo	de of dying, auc	h aa card	lac or rea	piratory a	rreat,		pproxin terval E	
IMMEDIATE CAUSE (Final disease or condition				٥٥٥	FAL	IEDLY /	/ CHA	م، د	Brow	SCHET		nset an	
resulting in death)	DUE TO	O (OR AS A CONSECUTION OF A CONSECUTION	DEM SI):	L-	PROBUBL	c A	721tc	. 4. 6. ()	, ' <		400	19
Sequentially list conditions,	b	OR AS A CONSEC	OUENCE OF);	-	Alcaisil de	£ 11	الحدااة	A PC ZI		-	1	
if any, leading to immediate cause. Enter UNDERLYING									15	115C	į		
CAUSE (Diseese or injury that initiated events	DUE TO	O (OR AS A CONSEC	DUENCE OF):							+		_
resulting in death) LAST	d										_		
PART II. Other algnificent condition	na contributing to	death but not r	eaulting in	the u	nderlyln	g ceuse given in	Part I.	24a. WAS A PERFO	ORMED?	24		LE PRIO	R TO
							_		_			S 2 🗷	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ī	OTHE	_	ACE OF DEATH (C	heck only on	ө)					
1 TYES 2 THO	1 Inpatient 2	☐ ER/Outpetient 3	□ DOA	4 Ru	rsing Hor	e 5 🗆 Residence	Y						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE O (Month,	FINJURY Day, Year)	28b. TIME INJU	JRY M	WC	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED NO						
3 Suicide 8 Could not be determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	- At home, farm, street, fectory, office					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of										(e) end m	inner ee	state
29b. SIGNATURE AND TITLE OF CERTIFIE	Rem		22	>		29c LICENSE NU			29d. D/	ATE SIGNE	D (Month,)
30. NAME AND ADDRESS OF PERSON WITH JOHN G. LAVII	N M.D.		M 27) (Type,		ROAI			RE,M	ID. 2	·			_

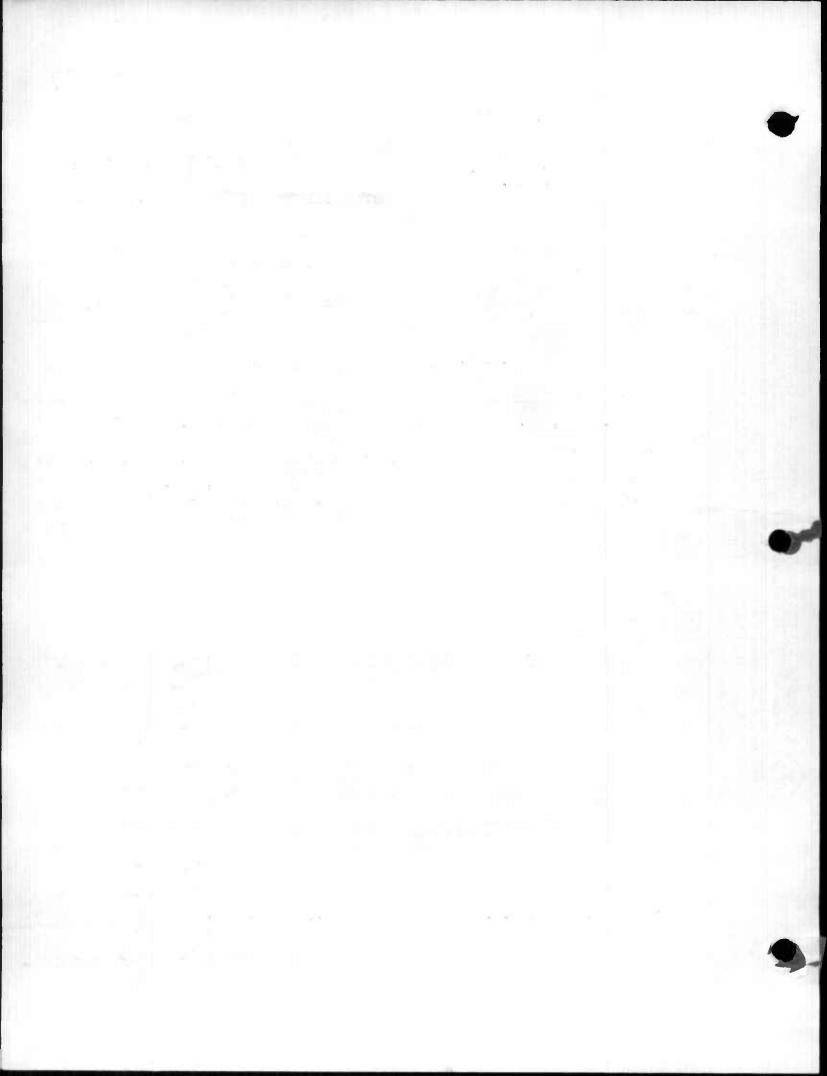


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TO THE FUNERAL DIRECTOR. Sate has been signed by the atter be filed within 72 hours are mannered state Dept. of Health and Mental IMPORTANT. If flem 28 is manual, or Item 23 shows any Injury, or	TO THE FUNERAL OIRECTOR be filed within 72 hours IMPORTANT: If item 28 is man	
atte has been signed by the atte	TO THE FUNERAL DIRECTOR AND	
Gentlement The law requires that the death	TO THE HOSPITAL OR ATTENDED	
DIVISION OF VITAL RECORDS, P.	DIVISION	

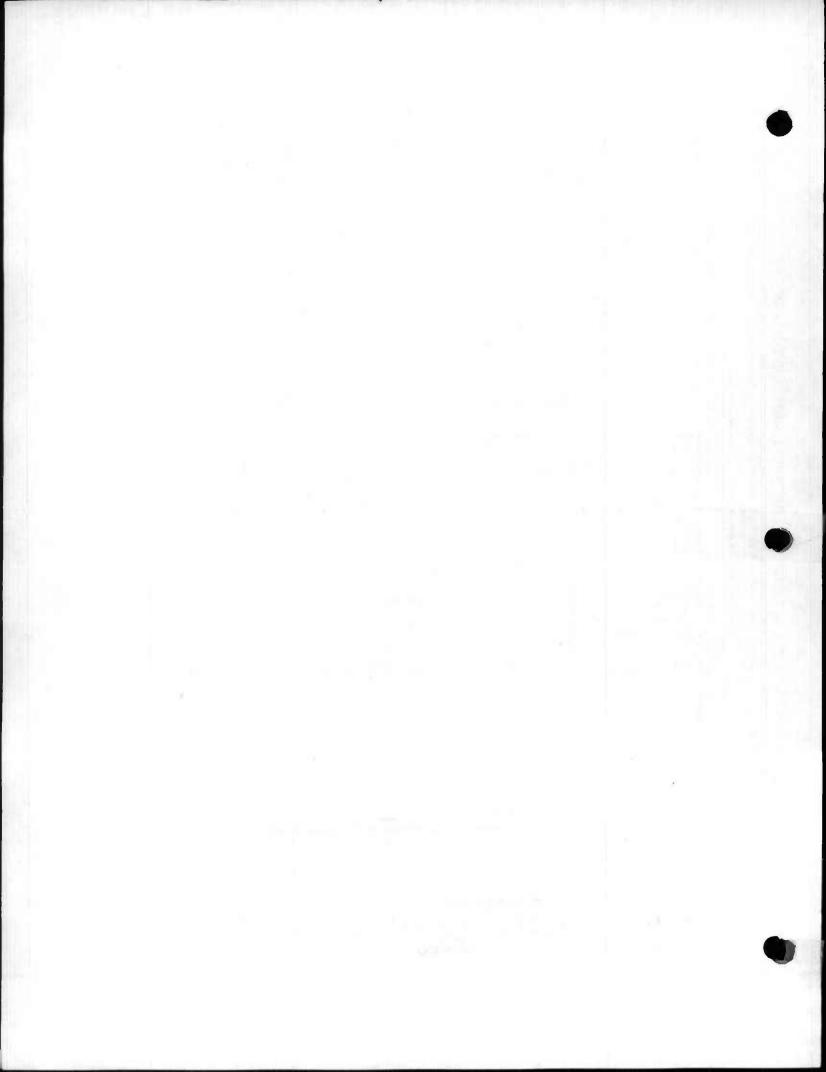
FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIE! REG. NO		00307
1. DECEDENT'S NAME (First, Middle, La	TITE TOTTOLE TO	ruce Hebb		2. DATE OF DEATH MONTH	1-16-92 6 9	
4 SOCIAL SECURITY NUMBER	1 M 2 D F 8		DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 4, 1	.910	Baltimore, Md
COLLEGE	WANDR Just		therville		Balto	o., County
RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland Ba		10c. CITY, TOWN C	Glynd	lon		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2526 But	ler Road		10f. ZIP CODE	21023		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATE:	≥ □NO	WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES XXNO Spec	en, Puerto Rican, atc.)		RACE — American Indien, Black, White, etc. Specify: White
15. DECEOENT'S I (Specify only highest gr Elementary/Secondery (0-12)		e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) Surgeon	during most of working		usiness/indust	
17. FATHER'S NAME (First, Middle, Last) Dr. Art		balgoon	16. MOTHER'S N	AME (First, Middle, Maide Teannette		
190. INFORMANT'S NAME (Type/Print) Donald B. He	bb, Jr.		s (Street and Number or Rura ler Road	Glyndon,		21023
23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, iseding to immediate	e. Core	ns death. Do not enter h line. BESTIVE DINSEQUENCE OF: BOSCLESS	Henry Sande 1649 E. Non the mode of dying, su HEART	cth Avenue	plretory errest	, Approximate Interval Betwo Onset and De
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated svents resulting in death) LAST PART II. Other significant cond	d. DUE TO (OR AS A CO	not resulting in the u		PERF	AN AUTOPSY ORMED? 2 2, NO	24b. WERE AUTOPSY FINDIR AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE	26. PLACE OF DEATH (1
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigat	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	REO
3 Suicide 6 Could no 4 Homicide determine		- At home, farm, atreet, fa	ctory, office	261. LOCATION (Stre City or Town, Sta		Rural Route Number,
(Uneck only	HYSICIAN: To the best of my knowled					
29b. SIGNATURE AND TITLE OF CERT	J. Hayes,		29c. LICENSE N		29d, DATE S	HIGNED (Month) Day, Year)
30. NAME AND ADDRESS OF PERSON Michael G.	WHO COMPLETED CAUSE OF DEAT Hayes, M.D.	H (ITEM 27) (Type, Print) 827 Lind	len Ave., Ba	alto., Md.	- 212	01
31. DATE FILED (MODIL), Pay. 1999	32 REGISTRAN'S SIGNAT	TURE JURISLAND	THE TA			



31. OJAN 20 7992

132. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /		TMENT				MENTA	L HYGIEN		- (10388
	1. DECEDENT'S NAME (First, Middle, Lest)	lu.	John	son					2. DATE	OF DEATH	AY 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-03-5033	5. SEX 1	6. AGE (In yrs. In:		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year) /1915		Count	PLACE (State or Foreign n) RGINIA
FOR	90. FACILITY NAME (If not institution, give s 1725 RUXTON AVE	· · · · · · · · · · · · · · · · · · ·			9b. CITY, T	OWN 0	RLOCATI		EATH C	ty	9c. COUN		
DIRECTOR	100 STATE 100. COUNTY	1		10c. CIT	r, town on	LOCATI	ION	e)	ī				10d. INSIDE CITY LIMITS? 1 FYES 2 NO
FUNERAL	100. BTREET AND NUMBER 1725 RUXTON AVE	WILLIAM IN THE			,,,,,	10f.	ZIP COO						WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. AF I YES 2 2 MAR OR OATES	AMED.	If y	res, spe		F HISPAI	en, Puerto	N? (Specify Ye Rican, etc.)		14. RACI Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ECECENT'S Blue kind of v Do NOT us HOMEN		UPATIO ring mos	N at of worldi	ng	16	b. KINO OF BU	SINESS/INO	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHNNY WIS	E	1 1	I CAMEA	NATURE N		18. MOT			Middle, Meiden	Surneme)		
TO B	19a, INFORMANT'S NAME (Type/Print) HARRY JOHNSON		19					or Rural	Route Nun	MD 2		Code)	
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cre GARR	AND OATE	OF OISPOSITI	ON /Nar	me of		IDAT	7E 20c. LC	CATION —		own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. Pu	20/		JOS	EPH	D ADDRE	SS OF FA	S FUI	N ERAL BALT	HOM	E	
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. AET	at caused the deuse on each line	1'C	iot entar th	ne mod	de of dy	Ing, suc	ch as car	diac or reap	iratory arr	eat,	Approximate Interval Between Onaet and Death
LION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSE	OUENCE OF	ጉ :								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO	(OR AS A CONSE	OUENCE OF	j:								
MEDICAL	PART II. Other algnificant condition	s contributing to	death but not	reaulting i	n tha unde	arlying	cause (given in	Part I.	24a. WAS AN PERFO	RMED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF O	EATH (C)	neck only a	ne)			
	1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE O	ER/Outpatient 3 F INJURY Day, Year)	28b. TIM	4 Nursin	Bc. INJU	JRY AT			SCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — Al ho, atc. (Specify)	ome, farm, s	street, fector	y, office				CATION (Street or Town, State,		or Rural I	Route Number,
COMPLETED	290, CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PH												o) end menner en stated.
B	296. SIGNATURE AND TITLE OF CERTIFIED	hory	w				29c. LICI	90	MBER 7		29d. OATE	SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	4			Print) TAW	5	T sht	70	1 6	ALTI	nop	E .	M02 Dal



BALTIMORE, MARYLAND 21215-0020

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	fter	death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
5	A	de

FUNERAL OIRECTOR: within 72 hours after

9

31. DATE FILEO (Month, Day, Year,

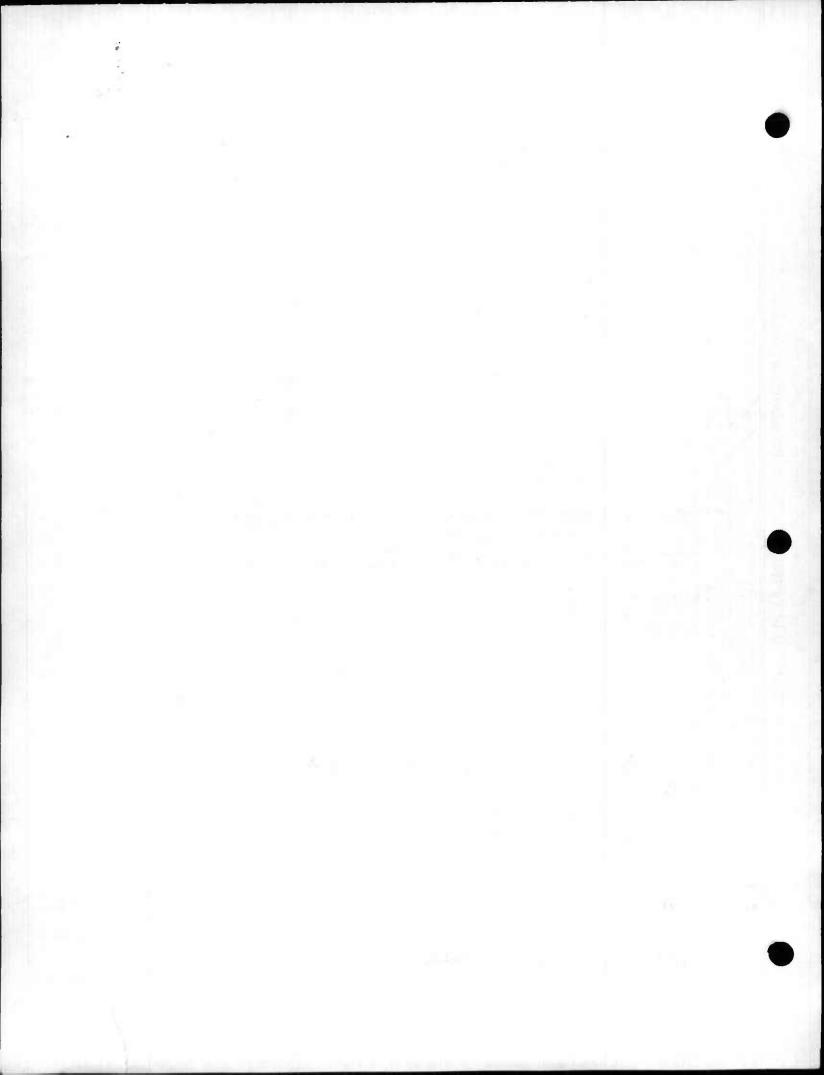
0 1992

30. NAME/AND ADDRESS OF PERSON/WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

92 00989 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH HATTIE ISABELLA JOHANNES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 M 2 XF 80 DAYS HOURS 213-34-5826 FEB.18, 1911 BALTIMORE 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL LINTHICUM DIRECTOR 10 CORONET DRIVE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LINTHICUM MARYLAND ANNE ARUNDEL 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21090 U.S.A. 10 CORONET DR 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuben, Mexicen, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY WHITE 3 🕅 Widowed 4 🔲 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) HOMEMAKER 7-8TH GRADE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) AGNES O. THOMPSON notified at EMORY H. KOHLHAUS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 10 CORONET DR-LINTHICUM, MD. 21090 MR & MRS WILLIAM E. MOORE pe 20e. METHOD OF DISPOSITION
1 □XBurlel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE 4 Donetion 5 Other (Specify) 1/22 BALTIMORE LOUDON PARE examiner 21. SIGNATURE-OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximsta shock, or hasrt failura. List only Dna causa on each lina. Interval Between IMMEDIATE CAUSE (Final the Onsat and Death disease or condition_ reauiting in death) event, QUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditiona, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initisted evants resulting in death) LAST Injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any 1 - YES 2 NO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 1 YES 2 NO OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES BY 2 NO 26e. PLACE OF INJURY — At home, tarm, street, fectory, offica building, atc. (Specify) 3 Sulcida 28 is COMPLETED 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide DISTANT: If item 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(e) and menner as stated. MEDICAL EXAMINER: On the beef investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end mennar as stated. 296. SIGNATURE AND TITLE OF CE

DR. HERBERT J./LEVICKAS-5404 EAST DRIVE-ARBUTUS, MARYLAND 21227 32. REGISTRAR'S SIGNATURE Savidson Randell

29c. LICENSE NUMBER



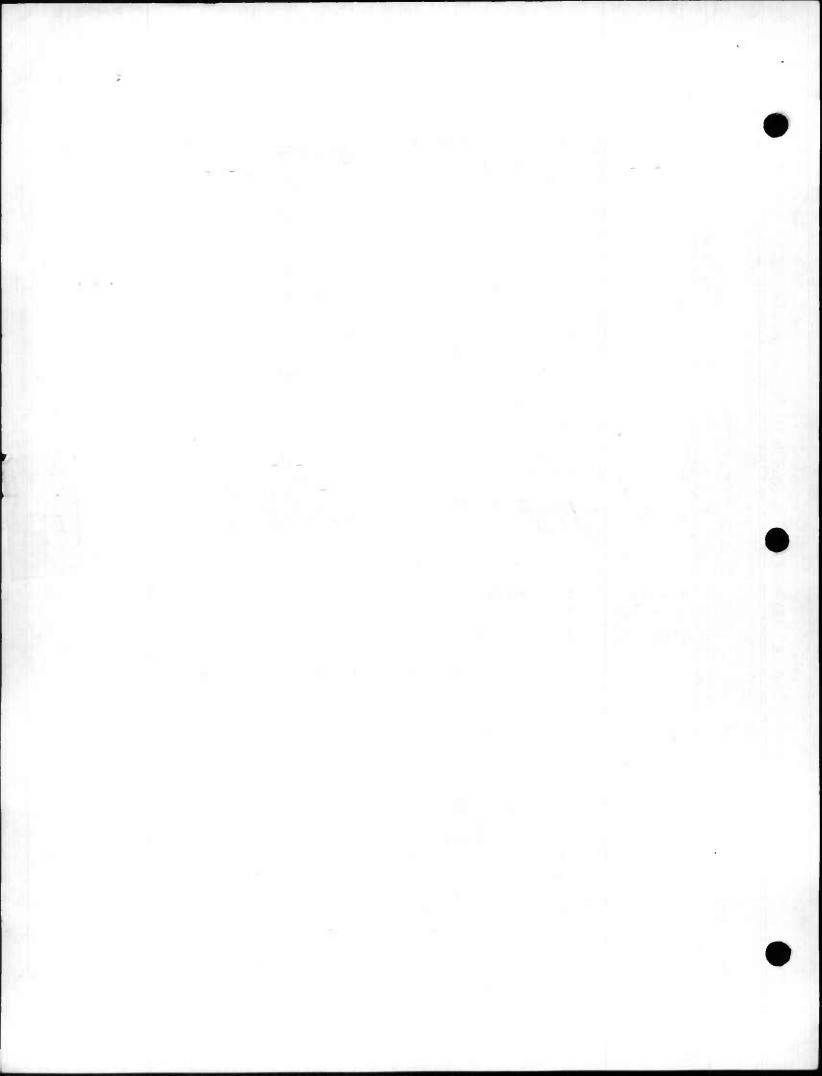
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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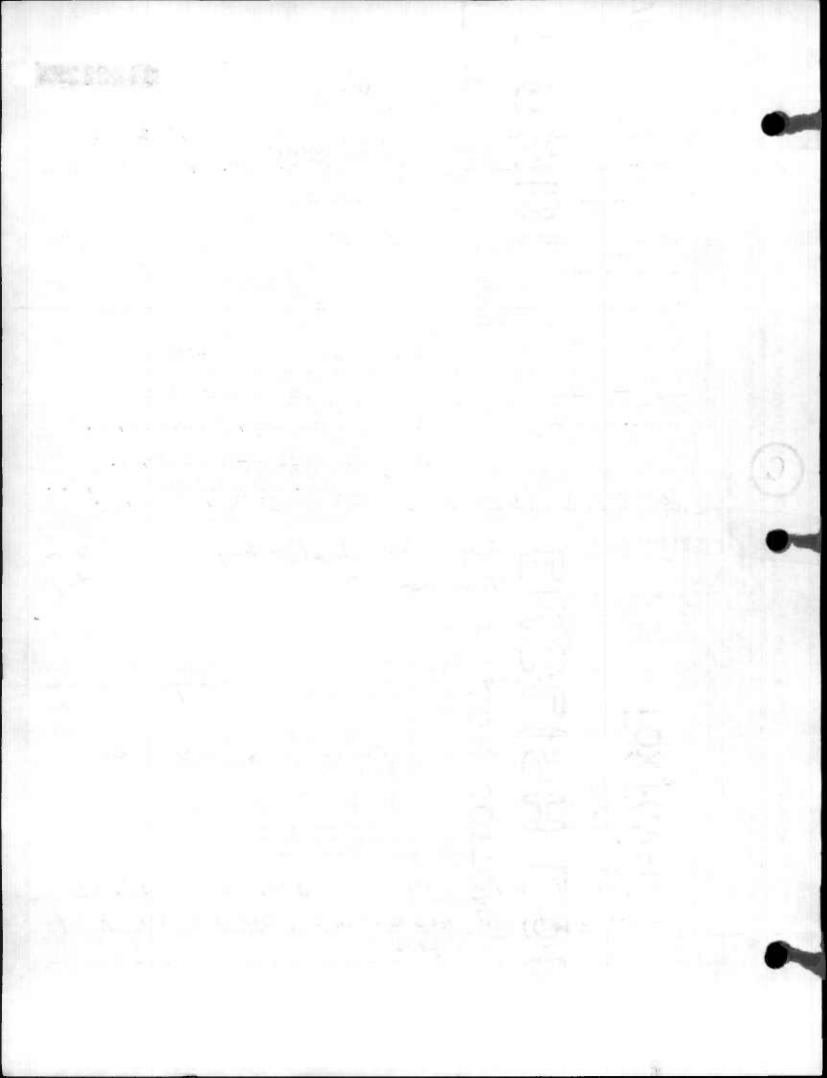
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC				REG. NO.		
Cuntic	EDWARD	KENNELL		*	2. DATE	OF DEATH DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER					1	15		5:12 r
213-72-0306	11/2 M 2 D F			UNDER 24 HRS.	(Monti	OF BIRTH 1, Day, Year) 14-1956	Country	LACE (State or Foreign
99. FACILITY NAME (If not institution, give FRANKLIN SQUARE RESIDENCE OF DECEDENT			ROSS	OCATION OF D			Baltir	ATH
10e. STATE 10b. COUN	(TY	10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY
MARYLAND 100. STREET AND NUMBER	BALTIMORE			UNDALK				LIMITS?
317 WISE AVENUE			10f. ZI	21	222	100	i. CITIZEN OF WI	S.A.
11. MARITAL STATUS Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES XXNO	If yes, specif	ENT OF HISPA Cuben, Mexic NO Speci	an. Puerto F	? (Specify Yee or N licen, etc.)	0- 14. RACE	- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest gra	de completed)	16a. DECEDENT'S U	rk done during most o	working	16b.	KIND OF BUSINES	S/INOUSTRY	***************************************
Elementary/Secondary (0-12) 12 VEARS	College (1-4 or 5+) N/A	ASSEMB	LY LINE	NORKER		GENERA	L MOTOI	RS CORP
17. FATHER'S NAME (First, Middle, Last)			te			fiddle, Maiden Suma	ime)	
EDWARD MONROE KE 190. INFORMANT'S NAME (Type/Print)	NNELL	19b. MAILING A	OORESS (Street and			T HANNA	to Tip Codes	
EDWARD M. KENNEL	L		YSIDE DR					21222
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF CEMETERY, Crematory, or othe OAK LAWN C	DISPOSITION /Name	t .	CATI	200 LOCATIO	M - Clev or Tou	n State
21. SIGNATURE OF FUNEBAL BERVICE I	LICENSEE) (DUDA-	DUCK FI	UNERA	L HOME C	F DUNDA	
23. PART I. Enter the diseases, or	200		1 7922 W	ISE AVE	ENUE	DUNDALK	MU	21222
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	L Cirrhos DUE TO (OI	Le Sepsis R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):						
PART II. Other significant condition	ons contributing to de	ath but not resulting in	the underlying c	use given in	Part i.	24a. WAS AN AUTO PERFORMED?		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUS
							1 '	OF DEATH?
					eck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (C)				
1 YES 2 NO	14	R/Outpatient 3 DOA 4	THER: Nursing Home	☐ Rasidence	S 🗆 Other			
EXAMINER?	1 1 topatient 2 E	R/Outpetient 3 DOA 4	OTHER: Nursing Home ! DF 28c. INJURY WORK?	☐ Rasidence			Y OCCURED	
EXAMINER? 1	1 V Inpatient 2 E E 28a. OATE OF IN. (Month, Day.)	IURY 28b. TIME (INJUE)	OTHER: Nursing Home ! OF 28c. INJURY WORK? M 1 YES	☐ Rasidence	28d. DE\$	(Specify)		ute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only)	1 V Inpatient 2 Ei 28s. OATE OF IN. (Month, Dey. 28s. PLACE OF III building, etc.	## JURY At home, ferm, stre. Specify 1	DTHER: Nursing Home ! F 28c. INJUNE WORK 1 YES ret, factory, office at the time, date and	Residence AT 2 NO piece, end dus	28f. LOCA City of	(Specify) CRIBE HOW INJURY C	umber or Rural Ro	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	28a. OATE OF IN. (Month, Day. 28a. PLACE OF IP. building, etc. SICIAN: To the best of my VER: On the basis of exeminer.	AUDITY 28b. TIME (NUTY) AUDITY — At home, ferm, street, (Specify) knowledge, death occurred institution end/or investigation,	THER: Nursing Home 1 Nursing Home 28c. INJURY WORK! 1 YES 1 1 YES 1 1 YES 1 1 1 1	Residence AT 2 NO piece, end dus	28f. LOCA City of to the cause time, date	(Specify) CRIBE HOW INJURY C	umber or Rural Ro	and menner ee stated. Month, Day, Yeer)



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the management, page 3 should be detached		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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O TO	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HH	
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THE	filed	PO	
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1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, LIMO MATTIE LENC						MONTH	of DEATH	, 199	YEAR	3. TIME OF DEATH 11:54 PM
4. SOCIAL SECURITY NUMBER 215-34-7185	5. SEX 6. AG	GE (In yrs. lest birthday) 9 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month Sept	of BIRTH n, Day, Year) = 15,	1912	Countr	PLACE (State or Foreign th Carolin
90. FACILITY NAME (# not institution, g 1 Colgate Drive					Hill			9c. COUN	forc	
RESIDENCE OF DECEDENT 10e. STATE 10b. CO	•	10c. Cl	TY, TOWN C	R LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Harford	Fo	rest							1 YES 2 NO
1 Colgate Driv	<i>7</i> e			101	21050				ZEN OF V JSA	VHAT COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 ☑ Y IF YES, GIVE WAR O WWIT	ES 2 NO	- 3	If yes, sp	ENDENT OF HISPA city Cuban, Mexic NO Speci	an, Puarto		or No-	Black	— American Indian, c, White, etc. fy: lite
15. DECEDENT'S (Specify only highest of Elementary/Secondery (0-12)	EDUCATION	180. DECEDENT'S (Give kind of life. Do NOT). REGIST	work done	during mo	st of working	16b	US-G			
17. FATHER'S NAME (First, Middle, Last Roby — Kil	lby				18. MOTHER'S N Ruth E	va Le	enora (Osbor		
James T. Umbard	ger				worth Co		Ellic	ott C	City	Md. 21043
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetten 3 4 Donation 5 Other (Specify)		of cemetary cremato Bel Air M	TE OF DISP ry or other t EMOLI	osition	(Name Gardens	1-7-9		cation – 1 Air		
21. SIGNATURE OF FUNERAL SERVICE	Na Cost	uas til	F	Howa:		Coma:				Home, P.A. Md. 21009
23. PART I. Enter the diseases, ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition reaulting in death)	ure. List only one cause of Jun		el		eda of dying, au			iretory an	rest,	Approximate interval Betwee Onset and Dail
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	AS A CONSEQUENCE								40 gr
PART II. Other algorificant conc	ditions contributing to dea	th but not resulting	g in the u	nderlyin	g cause given i	n Part I.	24a. WAS AN PERFOI	RMED?	241	D. WERE AUTOPSY FINDING AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL			28. P	LACE OF DEATH (Check only o	nne)			
EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHE 4 Nu	R:	ne 5 🗆 Reeldenc			Senia	in A	Ume
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending			IME OF NJURY M	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW			
2 Accident Investiga 3 Suicide 8 Could not 4 Homicide datarmin	28e. PLACE OF IN- building, atc.	JURY — At home, ferm (Specify)	n, atreet, fac	ctory, offi	ca.	28f. LO	CATION (Street or Town, State	and Numbe	or or Rural	Route Number,
Check only	PHYSICIAN: To the best of my									(e) and manner ea stated
3 Sulcide 8 Could not detarming the control of the country one 2 MEDICAL EX.	MIFIER				29c. LICENSE N	UMBER		29d. DA	TE SIGNE	(Month, Day, Year)
NAMI	u MD				1)34	65	2		1/	6/92
30. NAME AND ADDRESS OF PERSON	Haswell	F DEATH (ITEM 27) (Ty	Bou /	Hon	5+,	Bel	Air	N	D	21014
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S									,

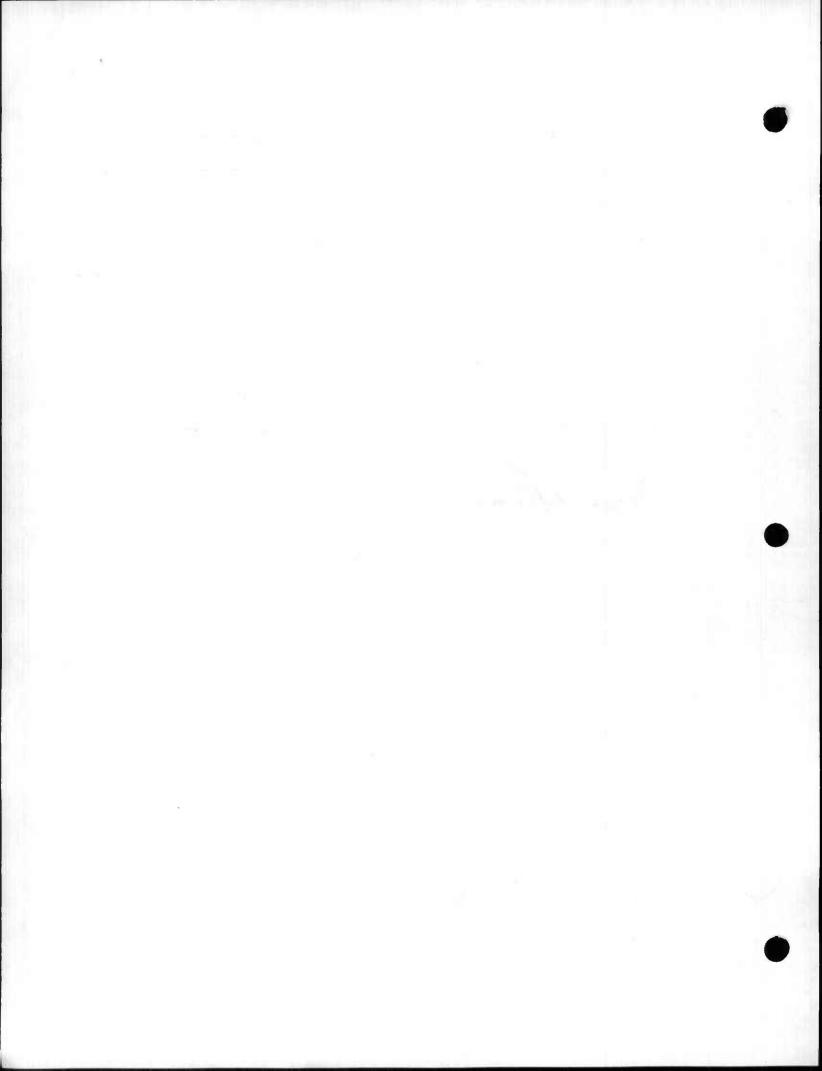


DIVISION OF VITAL RECORDS, P.O. BOX 68760, AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

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a line of the contract of the	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d In 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	It. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiff
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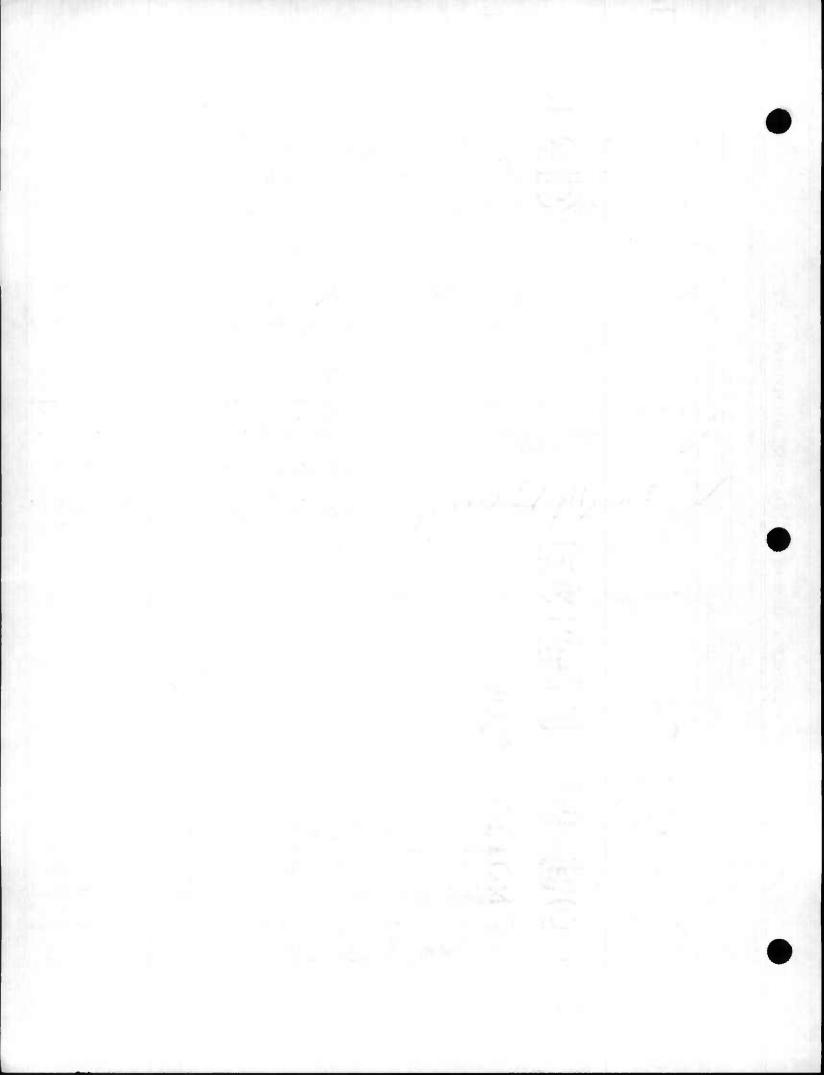
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·	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME OF DEATH
	Edna A.	Kanely				MDNTH	8-1992	YEAR	4:30pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le		INDER I YEAR	IF UNDER 24 HRS.	7. DATE O	BIRTH	8. BIRTI	HPLACE (State or Foreign
	216-03-3769	¹□M2XX 81	YRS. MON	THS DAYS	HOURS MIN.		Day, Year) 4-1910	Count	**
	9e. FACILITY NAME (If not institution, give s	treet end number)	9b.	CITY, TOWN C	R LOCATION OF D	EATH		UNTY OF I	eryland
DIRECTOR	Dulaney-Towso	n Nursing Hon	ne	Tows	on		Ba	ltir	nore
R	10e. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
	Md		Bal	ltimo	re				XX YES 2 NO
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
Ä	3210 Chester	field Ave.			212	13		U.	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yee or No-	14. RAC	E — American Indien,
ВУ	Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	Luc		cify Cuben, Mexic 2 NO Speci		ean, etc.)	Spec	k, White, etc.
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COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (ECEDENT'S USUA Give kind of work of	lone durina mo:	IN at of working	18b, 1	IND OF BUSINESS/IN	DUSTRY	
=	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)	e. Do NOT use reti			.			
M		6yrs. Lib	rary A	Admin	istrat:		Governm		
	17. FATHER'S NAME (First, Middle, Last)						ldle, Maiden Surname)		
8	Charles A. Ka						udbrook		
2	19e. INFORMANT'S NAME (Type/Print)						Cify or Town, State, 2		
	Mrs. Arlen P. 1	Manley	5429 I	Radec	ke Ave	. Bal	to., Md	. 21	206
	20e. METHOD OF DISPOSITION 3 Suriel 2 Cremetion 3 Remo	20b. PLACE	AND DATE OF DIS	SPOSITION (Na	me of	DATE	20c. LOCATION -	- City or To	own, Stata
	4 Donetion 5 Other (Specify)	Drui	d Rido	re Cer	netery	11/2	1 Balt	0.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEL		22. NAME AN	D ADDRESS OF F	ACILITY			
	Englis	Luxema		Hart.	Ley Mil	ller	Funeral	Hon	le .
	23. PART V Entar the diseases, pr	omplications that caused the d	eath. Do not a	ntar the mor	le of dving sur	d Ro	. Balto	· · ·	Id 21234
- 1	anock, or neart range.	List Dnly Dna ceuse Dn each lin	e.			on de deroie	o Di Toapilotory a	iraat,	Intarval Batween
	iMMEDIATE CAUSE (Final disease or condition		. 1						Onset and Daath
	reaulting in death)	DUE TO (OR AS A CONSE	COLIENCE OE:	ma	cano	UL_			
_		35E 10 (011 A3 A CONSE	OUENCE OF).	7					
CERTIFICATION	Sequantially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF:						
¥	if any, leading to immediata cause. Enter UNDERLYING								
H	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):						
F	resulting in death) LAST								
빙							-		
AL	PART II. Other significent conditions	contributing to death but not	rasulting in the	e underlying	cause given in	Part I. 2	4a. WAS AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
5							PERFORMED?		COMPLETION OF CAUSE
Ä							- 120 I A.10		DF DEATH? 1 YES 2 NO
5						_			1 125 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	neck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient :		HER:	5 - Reeldence		Panelt I		
主	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJU			RIBE HOW INJURY OF	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)	MJURY	M 1 Y	RK? ES 2 NO				
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - At h	ome, term, etreat,			281, LOCAT	ION (Street end Numbe	or or Runsi I	Soute Number
逆	4 Homicide determined	building, etc. (Specify)				City or	Town, State)		TOUTO TRAINDON,
COMPLETED	29e. CERTIFIER	NAME TO A STATE OF THE STATE OF							
MP		CIAN: To the best of my knowledge, d							[
8		R: On the beele of examination end/or	investigation, in	my opinion, de	ath occured at the	time, date er	nd piece, and due to	the cause(e	e) end manner ee stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
TO	June E	Bonner ME	>		D40:	SUE		12	0/92
-	30. NAME AND ADDRESS OF PERSON WHO	/							1
	June Brei	ner 600 v	VOV.	ther	n PK	NOW	B214	7 0	nd 21210
	31. DATE FILED MONTO DED NOT 1002	32. REGISTMAR'S, SIGNATURE	dell			7			
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OFFICE OFFICE A Ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal.	MPDRTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CER	TIFICATE C	OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest) ARY C		TE MAR	Y C. LO	CHTE	2. DATE OF DEATH	8 9	YEAR 1237-A
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birti	thday) # UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	9	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give	street and number)	12	9b. CITY, TO	WN OR LOCATION OF O	EATH	9c. COU	NTY OF DEATH
	LOSPITAL				mD.		alt: more
MD .	BALTIM		CCTY, TOWN OR L	OCATION ISON			18d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 503 STEVENSO	N LANE			101. ZIP COOE 2120	4	10g. CITI	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Olvorced		T EVER IN D.S. ARMED YES 2 NO WAR OR OATES			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	o or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give ki	ENT'S USUAL OCCU ind of work done durin NOT use retired.)		16b. KIND OF BU	SINESS/INC	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5	+)		URSE		LTH	CARE
17. FATHER'S NAME (First, Middle, Last) VICTOR LEO L	OCHTE				AME (First, Middle, Melder THERESA		UB
19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AOORESS (St		Route Number, City or Tov	-	
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	NEW CA	THEDRAL 22. NAM	CEM.	1/21 BA	LTIM YOR	ORE, MD. 2122 K ROAD 2121
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	at caused the death. It caused the death. It caused the death. It caused the death. It caused the death. It caused the death.	Do not enter the	CEM. AE AND ADDRESS OF FA RY W. JE e mode of dying, auc	NKINS AN	YOR D SO	K ROAD 2121 NS BALTO, M rest, Approximate Interval Betw
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23. PART I. Entar the diseases, or shock, or heart failure immediate Cause (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to Due to d.	(OR AS A CONSEQUEI	Do not enter the NCE OF):	CEM. ME AND ADDRESS OF FA RY W. JE e mode of dying, aud ture RUMAN	NKINS AND A CARDINA CONTRACTOR OF THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART I. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PART III. 24a. WAS ALL TO THE PA	YOR D SO Directory and	K ROAD 2121 NS BALTO, M rest, Approximate interval Betw Onset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
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BALTIMORE, MARYLAND 21203-3146

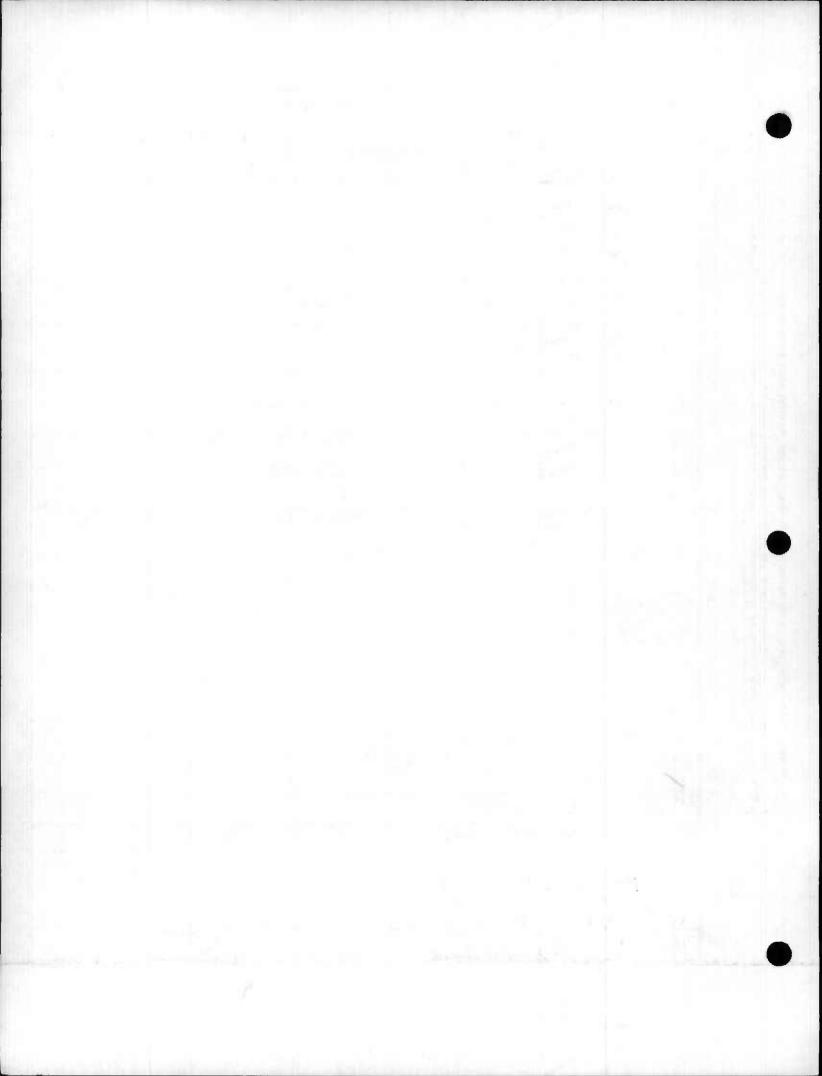
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTANDS TO THE FUNERAL DIRECTION be filed within 72 haurs and de

The law requires that the death certificate be executed within Zamours after death. Page 6 may be retained by the hospital or attending physician.

Extra page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. MICIAN: The law requires that the death certificate be executed within 24

IMPORTANT: If them 28 is mented, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF HE		ENTAL HYGIENE REG. NO.	- Green	00334		
1. DECEDENT'S NAME (First, Middle AR V	MATHS		2	DATE OF DEATH DAY	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 218-22-887 9a. FACILITY NAME (If not institution	5. SEX 1 M 2 F 90 In, give atreet and number)	YRS. MONTHS DAYS	F UNDER 24 HRS. 7 HOURS MIN.	DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign ntry) I V Q I N I A		
FRANK 1 10b. RESIDENCE OF DECEDE 10a. STATE 10b. MAYULONE 10b.	NU NURSING /	10c. CITY, TOWN OR LOCATION	Minore	9		10d. INSIDE CITY LIMITS? 12 YES 2 \(\triangle \) NO		
10. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Marrie 3 M.Mdowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2.E IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECE	DIP CODE 12/6 NDENT OF HISPANIC Hy Cuban, Mexican, I	ORIGIN? (Specify Yes o	U -	WHAT COUNTRY? S American Indian, ack, White, etc.		
15. DECEDEN	est grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)	of working	166. KIND OF BUSH	IESS/INDUSTRY			
17. FATHER'S NAME (First, Middle,	Rice	19b. MAILING ADDRESS (Street and	Lill11	First, Middle, Meiden St. The Number, City or Town,	bert	12,123		
20a. METHOD OF DISPOSITION 1 12 Surial 2 Cremetion 3 4 Donation 6 Other (Spec	Ramoval from Stata other	E OF DISPOSITION (Name of Emplece)	ne Con	n. B	STION - City or	Town, state Co, Mil		
21. SIGNATURE OF FUNERAL SER	1. Russ	2050	ADDRESS OF FACILITY OF THE PROPERTY OF THE PRO	Th Awe	erAl, BA	Home 1201216		
23. PAGE I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	es, or complications that caused the failure. List only one cause on each list. a. Alsheuman Due To (OR AS A CONS	na.	a of dying, such	na cerdiec or respira	itory arreat,	Approximate Interval Between Onset and Death Years		
Sequantially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		9	whest	over		Week		
	onditions contributing to death but no	it reaulting in the underlying	cause given in Po	24s. WAS AN A PERPORN 1 PYES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL: 1 Inputient 2 ER/Outputient	OTHER:	ACE OF DEATH (Check					
	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
	28e. PLACE OF INJURY AL	home, farm, street, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Oraca oray	G PHYSICIAN: To the best of my knowledge, EXAMINER: On the basis of examination and/					se(a) and manner as stated.		
	RSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Ivos. Print)	29c. LICENSE NUMB	461	29d. DATE SIGN	SED (Month, Day, Year)		
Record &	Semeth ND 32. REGISTRAR'S SIGNATURE							
JAN 201992	July Davidson-Randa	10.						

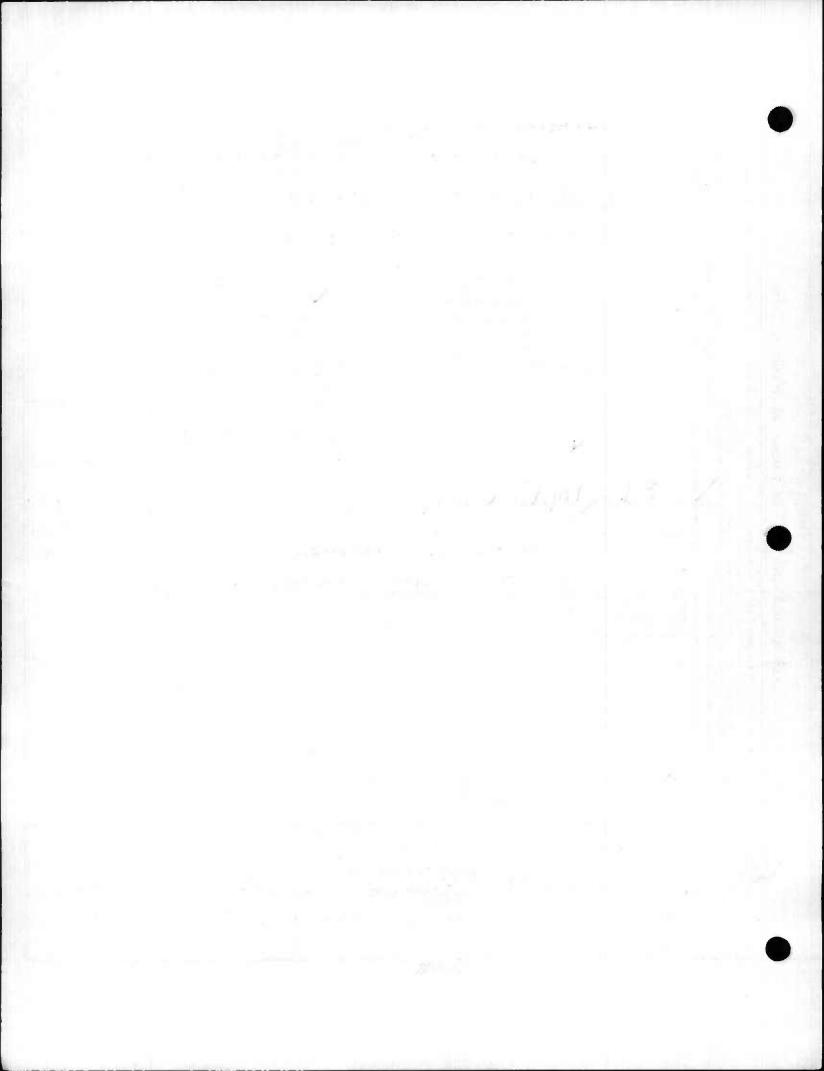


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		STATE OF MA	ARYLAND / D CEF	EPARTME			MENTA	L HYGIEN		00995	
1. DECEDENT'S NAME (F		LERIAN	WILLIA	AM MA	CKIEW	ICZ	2. DATE	E OF DEATH	5,199	3. TIME OF DEATH 2 6:00 A. M	
4. SOCIAL SECURITY NO	1	ØM 2 □ F	3. AGE (In yrs. lest bi	YRS. IF U	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	of Birth th Day, Year) 27,1		BIRTHPLACE (State or Foreign Country) N • H	
	0004 14:1 2:5							RINCE GEO.			
8224 14 RESIDENCE OF D 100. STATE MD.	NTE 106. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMB	er th. AVE				10f.	ZIP CODE	2078	3		N OF WHAT COUNTRY?	
The marine 2	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECI	ENDENT OF HISP Lify Cuben, Mexi 2 NO Spe	Ican, Puarto	or No- 14.	RACE — American Indian, Black, White, etc. Speeth WHITE			
Elementery/Seconder 1 2 17. FATHER'S NAME (First	DECEDENT'S EDUCAT only highest grade con y (0-12)	TION npleted) Cotlege (1-4 or 5+)	(Give	DENT'S USUA kind of work do NOT use retire	one during mos	N t of working	16	b. KINO OF BUS	SINESS/INOUS	TRY	
<u>u</u>								Middle, Maiden			
P GEORGEANN	BOISSE		36	501 V	AUGHA	N ROA	D Me	ONTGO	MERY .	AL. 36106	
20e. METHOD OF DISPO 1 Burlel 2 Crem 4 Donetion 5 Ot 21. SIGNATURE OF FUNE	her (Specify)		20b. PLACE AND COMPLETE COMPLICATION COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLICATION COMPLETE COMPLETE COMPLETE COMPLET	tory or other pla	CEM.	D ADDRESS OF	1/20	SY	LVEST	ER, GA.	
1 Edin	on my	Pents	Air	1	HENRY	W. J	ENKI	NS ANI	D SON		
23. PART I. Enter the ahock, or iMMEDIATE CAUSE (disease or condition resulting in deeth)	r heert fellure. Lis Finel	t only one ceuse	on each ine.							Approximate interval Between Onset and Death	
Sequentially list con if any, leading to imm cause. Enter UNDER CAUSE (Disease or i that initiated evente resulting in desth) L	mediete LYING njury c	DUE TO (O	PR AS A CONSEQUE	ENCE OF):	Can	diovas	wa	er Dra	Rap	years	
	PART il. Other algnificent conditione contributing to deeth but not recuiting in the				underlying	ceuse given i	in Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	Н	OSPITAL:	ER/Outpatient 3 🗍		IER:	ACE OF DEATH (
2 Accident	Pending Investigation	26•. DATE OF IN (Month, Day,	JURY Year)	86. TIME OF INJURY	26c. INJU WOR 1		28d. DE	SCRIBE HOW II			
3 Suicide 6 Homicide	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)						291. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Check only one)										euse(e) end menner ee stated.	
Deula	alelbre	inl	Beputy	Medi mis-	Left	29c. LICENSE N	S SZ	_		IGNED (Month, Day, Year)	
30 NAME AND ADDRESS		OMDI ETER CALLES									
PA A 31. DATE FILED (Month, D	DEVOR	EMD 32. REGISTRAR	42036	n (type, Print)	bone	Pd H	lyati	suille		20781	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate de executed within 24 hours after death. Page 6 may be retained by the hospital of attending physician.	d		Ē
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P	2	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

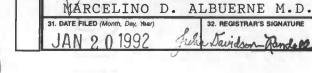
92 00996 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICHARD L. MANSFIELD 18,1992 11:45 A JAN. 7. DATE OF BIRTH (Month, Day, Year)
AUG • 15 , 1896 MARYLAND 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 95 MXM 2 | F 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 6102 BELLINGHAM CT. BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY BALTIMORE BALTIMORE (ELKRIDGE ESTATES) 1 TYES 2 NO MD. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101 ZIP CODE 6102 BELLINGHAM CT. 21210 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN D.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married Specify: WHITE BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY PROFESSIONAL EXPERT ary (0-12) College (1-4 or 5+) 12 IN LAW ATTORNEY 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW LEROY MANSFIELD ELOISE DUNNING BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RAVENSCALL PO.BOX400 STEVENSVILLE, MD. 21153 JACK KOHLER 20s. METHON OF DISPOSITION
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE ANO OATE OF DISPOSITION (Name 28c. LOCATION — City or Town, State OATE of cemetary, c MT. CREMATORY 4 Donation 5 Other (Specify) 1/20 BALTIMORE, MD. 21202 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the deal Do not antar the mode of dying, such ea cardiac or respiratory arrest, Approximate shock, or heart failure. List only one Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) DUE TO **IOR AS A CONSEQUENCE OF** CERTIFICATION Sequentielly list conditions, DUE TO DR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 TYES 2 NO BY 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

516 N.ROLLING ROAD. CATONSVILLE, MD.



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type Print)

29b. SIGNATURE AND TITLE OF CENTURE

BE

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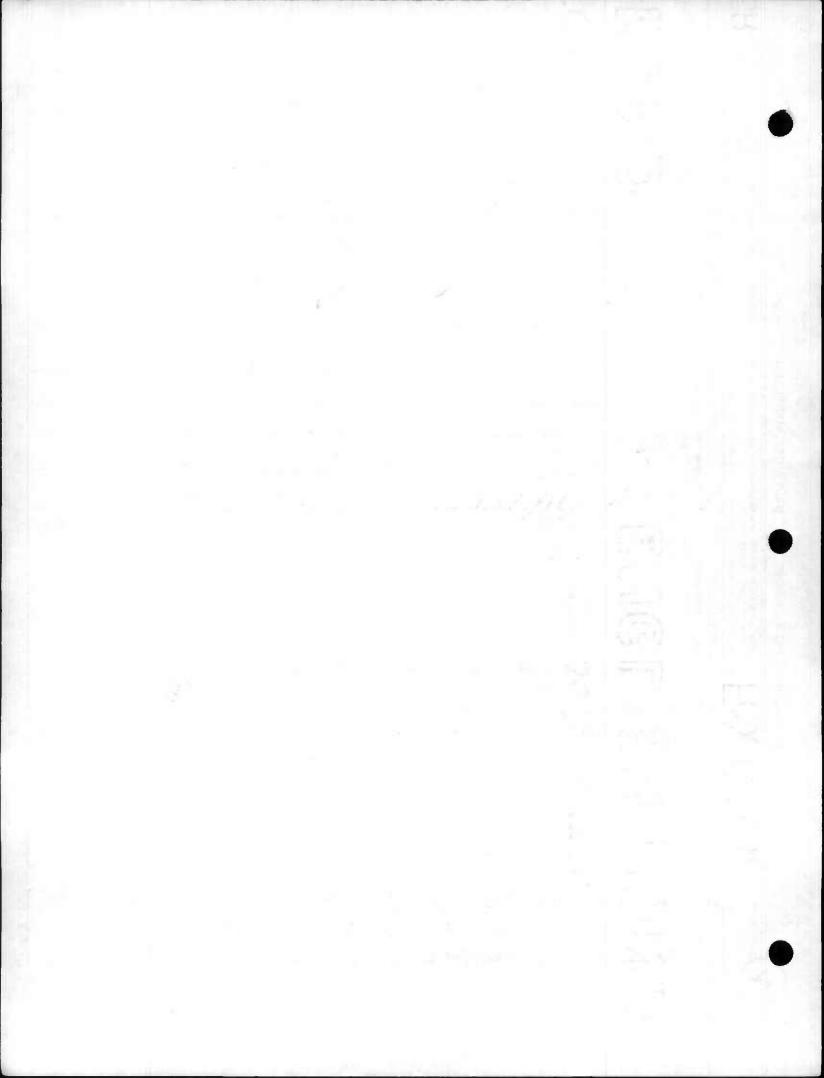
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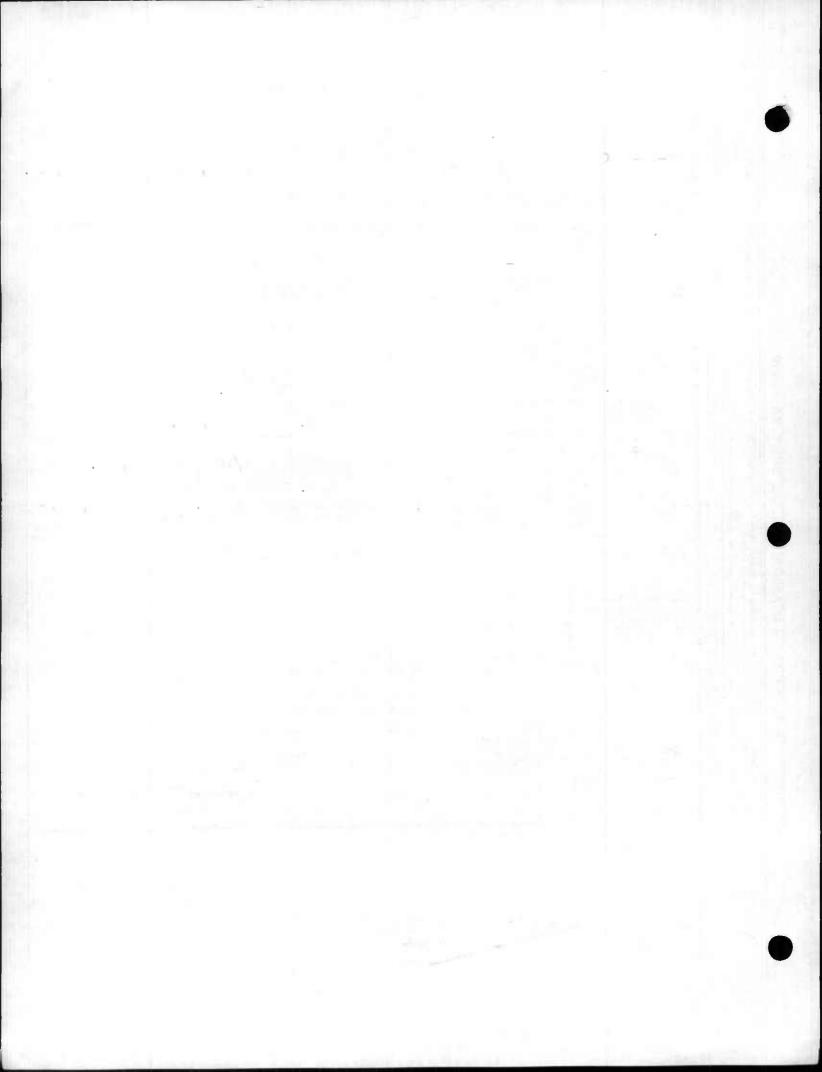
29d. DATE SIGNED (Month, Day)

20



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health Mygine prior burial, cremation, or removal.

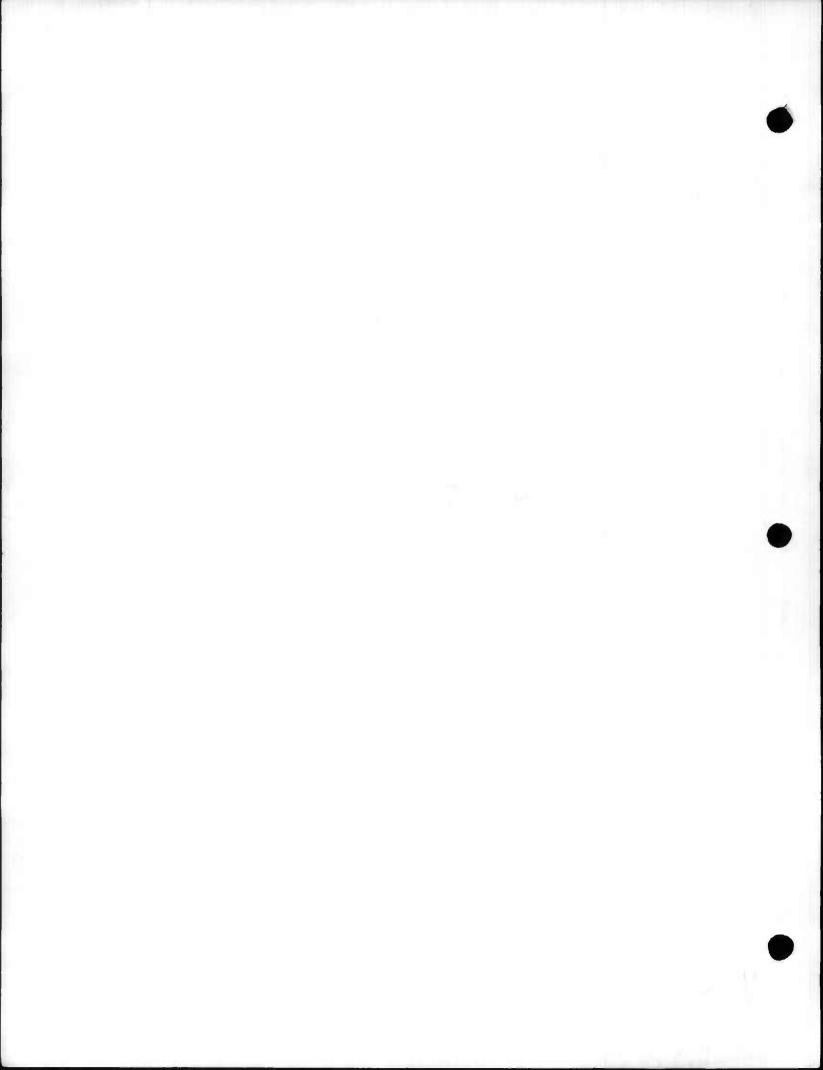
ŀ	1. DECEDENT'S NAME (First	t, Middle, Last)	ceo H.	m	ic His				2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-50-6430	-	5. SEX 1 M 2 F	8. AGE (In y	rs. last birthday)	IF UNDER 1 YE	EAR IF UNDE	R 24 HRS.	(Mor	E OF BIRTH oth, Day, Year)		6. BIRTH	PLACE (State or Foreign
ŀ	9n. FACILITY NAME (If not in	nstitution, give s	X	41	THS.	9h CITY TO	WN OR LOCAT	ION OF DE		22,19	950 WASHINGTON,		HINGTON, D. C
ŀ	HOLY CROSS HOSPITAL				SILVER SPRING					VTGO			
	MD.		GOMERY			, town on L LLVER	OCATION SPRING	+				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	11512 STEWA		NE B-2				10f. ZIP COC		904		10g. CITIZEN OF WHAT COUNTRY USA		
	11 MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	□ NO	If yes	DECENDENT s, specify Cub YES 2 1 NO	an, Mexica	n, Puarto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black Specifi	, White, atc.
	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5	1	(Give kind of w life. Do NOT use MICROFI	rork done durin e retired.)	ng most of work	ing		LATIONA			UTE OF HEAL
	17. FATHER'S NAME (Flist, M. ROBERT W.	MICH:	IE				18. MOT	FRANC	ME (First, CES	Middle, Maiden H. HOD	Sumame) GES		
	MARTHA PRIC		E		196, MAILING 281	PIN O.	AK DR.	FRJ	Route Mun	RICK, M	n, State, Zip	Code) 2170	1
20a. METHOO OF DISPOSITION 1 Guriel 2 Commetted 3 Removat from State 4 Donatton 5 Other (Specify)				ACE AND DATE O	F DISPOSITION			OA	TE 20c. LO	CATION	City or To	wn, Stata	
L	4 Donation 3 Other	(Specify)		MET	ROPOLTT	AN CRI	EMATOR	V	11/	16 ATE	YANDE	ATC	TTA
	21. SIGNATURE OF FUNERAL 23. PART I. Enter the di	(Specify) L SERVICE LIC	N. B.	who to counsed the	ROPOLIT	AN CRI 22. NAM MUR. 21.5	IEL H.	BARI	BER	FUNERA E RD.	L HON	Æ	LLE, MD.20
	21. SIGNATURE OF FUNERAL 23. PART I. Enter the di	(Specify) L SERVICE LIC Seeses, or caart failure.	complications the	t ceused the	ROPOLIT	22. NAM MUR. 2150 ot enter the	IEL H. 25 LAY mode of dy	BARI TONST	BER VILI	FUNERA	L HON	Æ	Approximata
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cacus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: IL

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	STATE OF I		CERTIF					MENI	AL HYGIE REG. N					J
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH				3. TIME OF DEAT	н
	THOMAS CHARLES	PEAY JR.								NUARY	18	3 1	992	3:50	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH			8. BIRTH	PLACE (State or Fo	-
	212 12 5378	1 M 2 D F		73 YRS.	MONTHS	DAYE	HOURS	MIN.		onth, Day, Year)		918	Country		
	9e. FACILITY NAME (If not institution, give	etmet and number		13	oh CIT	V TOWAL	OR LOCATI	ON OF DE		ZCU IV	_		MARY NTY OF D		
œ		MINITED ASCENSION							EAIN		- 1				
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<u>ပ</u> ြု	10e. STATE 10b. COUN	TY	-	10c, CIT	Y. TOWN	OR LOCAT	ION			_	_			10d. INSIDE CITY	
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDE			1 40							_			
립	1 Never Married 2 Merried	FORCES?	V YES 2	□NO.	13.	If yea, sp	ecify Cuba	n, Maxica	nn, Puer	GIN? (Specify to Rican, etc.)		No-	Black	— American India, White, atc.	en,
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COMPLETED	12th	r lears	1 1	HOUSING	z LIV	SPEC.	1						TIMO	KE	
	17. FATHER'S NAME (First, Middle, Last)	DEATZ OF								st, Middle, Maid	sen Su		יוי דייגאן זע	ידי	
H	THOMAS CHARLES	PEAY SK.						ARGAI			_		IUNTE	AL.	
2	19e. INFORMANT'S NAME (Type/Print)									umber, City or					
	CLINICAL RECORD	DS								ORT HO				1052	
	20g, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Re	moval from State		ACE OF DISPO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or To		ANT
	4 Donetion 5 Other (Specify)		_ ARB	UTUS			AL P			BF	ΥГ.	T. T IAI	ORE,	MARYL	MND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .		1			ADDRE			1 8. 90	M	माप	MER	AL HOME	,
	MOLMI	() W.	10											21207	
	23. PART 1. Enter the disense, o	r complications to	t caused th	e death. Do							_	-		Approxim	
	shock, or heart failure	. List only one da	use on each	line.			,					,		Interval B	etween
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	resulting in death)	e	PLE MY												
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Ĕ	if eny, leading to immediate cause. Enter UNDERLYING	DOE IS	OH AS A CO	MSECUENCE C	n-):									İ	
5	CAUSE (Diseese or injury	C. DUE TO	100 AS A CO	MEEOHENCE C	SEQUENCE OF):								-i		
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	PART ii. Other significent conditi	one contributing to	death but i	not resulting	in the u	ınderiyin	g ceuse	given in	Part i				24b	WERE AUTOPSY F	
ICAL	HYPERTENSIVE C	ARDTOVASC	III AR D	TSEASE							FORM			AVAILABLE PRIOR	
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Σ														1 YES 2	NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL	_					1 AOF 05	DEATH AT	t	1					
2	EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	JEATH (C)	neck onl	y one)					
YS	1 VES 2 NO	1 inputiant 2		_		_		esidence	_	Other (Specify)					
F	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE O (Month,	FINJURY Day, Year)	28b. Til	WE OF	W	JURY AT DRK?	_	28d.	DEȘCRIBE HO	W INJ	JURY OC	CURED		
B⊀	2 Accident Investigation				M		YES 2	_ NO	-						
	3 Suicide 8 Could not b	28e. PLACE building	OF INJURY — j, etc. (Specify)	At home, farm,	atroot, fa	ctory, offic	DB		28t, I	LOCATION (Str. City or Town, St	eet en lete)	d Numbe	er or Rurai i	Route Number,	
COMPLETED	4 Homicide determined														
PL	29e. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best	of my knowledg	ge, death occur	red at the	time, date	end plac	e, and du	e to the	cause(e) end	телп	er ee ati	nted.		
OM	anal	NER: On the beele of	examination er	nd/or investigat	on, in my	opinion,	death occu	red at the	e time,	date end plece	, end	due to t	the cause(e) and manner se :	stated.
	29b. SIGNATURE AND TITLE OF CERTIF	TIER //					29c. LIC	ENSE NU	JMBER	- 1	Т	29d. DA	TE SIGNED	(Morth, Day, Year)	
BE	Marcia	Tem	e m				(A)	26	,30	91			111	8192	
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH	1 (ITEM 27) (Tvn	e, Printi		V	- 10		- 1			110	1 1 2	
1	MARCIA KANE, M			POINT	,	ם ת	י דיקר		חק	MD 21	05	2			
)	31 DATE FILED (Month Day Year)	32 REGISTS	RAR'S SIGNATU	JRE.		υ, r	OILL	LOWA	ш\Д,	110 41	.00.	4			
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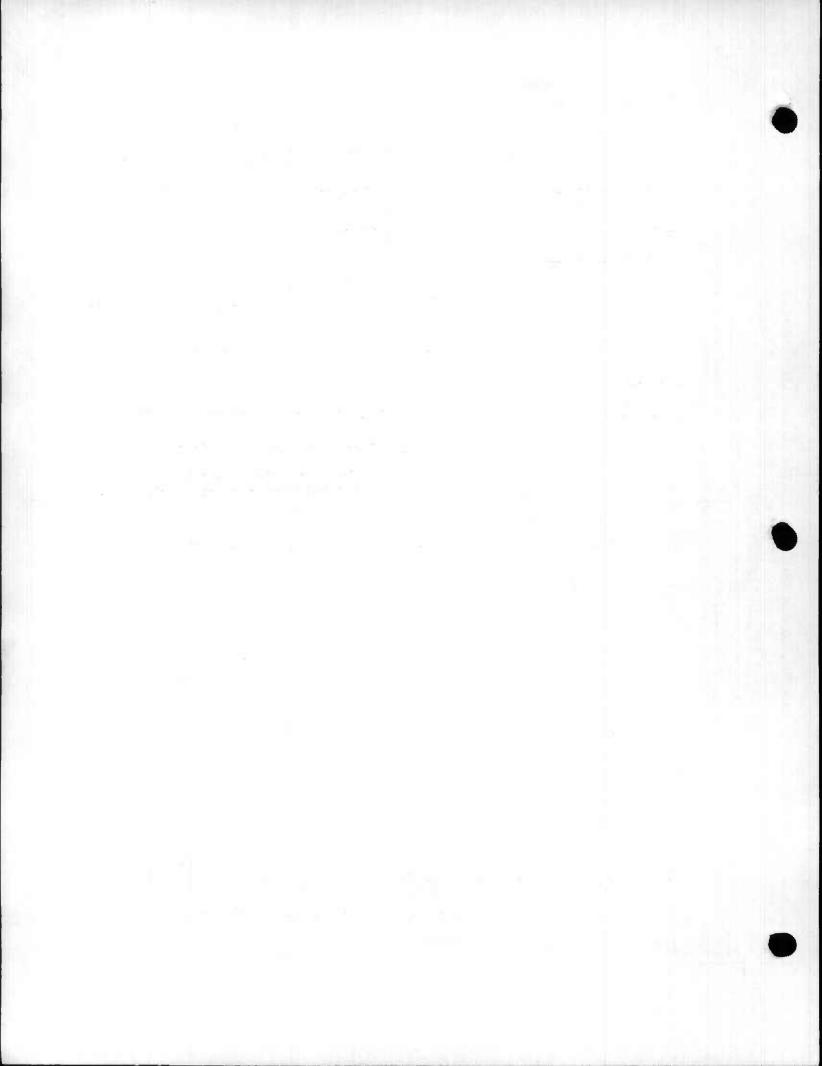
may be retained by the hospital or attending physician. r, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TIMORE, MARYLAND 21203-3146

VITAL RECORDS P.O. BOX 12146

DOA 13140, BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

9 2 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	SE			2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
					1	18	12	M M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 088-10-0842 1	yrs. lest birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRT (Month, Day, W 10-02-	ear)	Count	HPLACE (State or Foreign ry) rto Rico
	9a. FACILITY NAME (if not institution, give street and number)	1	9b. CITY, TOWN O	R LOCATION OF DE			INTY OF D	
DIRECTOR	4000 Fallstaff Road		Baltim			Ci	ty	
EC	10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
	Maryland	В	altimore					1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4000 Fallstaff Road		101.	21215			SA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN IFORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, so	ENDENT OF HISPAN scify Cuban, Maxica 2 NO Specify	n. Puerto Rican. a	(c.)	14. RAC Blac Spec	E — American Indian, k, Whita, atc. i/ly: White
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION			F BUSINESS/IN	DUSTRY	MILLEC
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of the Do NOT use		st of working	Doi	nestic		
OME	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA				
BE CO	Louis Viera			France		known		
TO B	198. INFORMANT'S NAME (Type/Print) Helane Balsky		ADDRESS (Street a Fallstaf					5
	20a. METHOD OF DISPOSITION 1 \times Burlel 2 \(\triangle \triang	PLACE OF DISPO	sition (Name of con th Jacob	netery, cremetory or Cemeter	y 2	c. LOCATION -		
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE			o address of fa		4 **		_
	> micrael P. marguello							Inc. MD 21208
7	23. PART I. Enter the diseases, pr complications that caused shock, or heart fellure. List only one cause on ear IMMEDIATE CAUSE (Finel disease or condition resulting in death) 3. Now Small	ch line.						Approximete Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but			g cause given in	F	AS AN AUTOPS' ERFORMED? YES 2 PRO	24	6. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26, PI	ACE OF DEATH (Ch	neck only one)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpa	ntient 3 DOA	OTHER:	a 5 Residence	6 Other (Spec	fu)		
H	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIR	E OF 28c. iNJ	URY AT	28d. DESCRIBE		CCURED	
	1 Natural 5 Pending (Month, Day, Year)	IN.		PRK? YES 2 NO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be delarmined 28s. PLACE OF INJURY building, etc. (Special Countries)	At home, farm,	street, factory, offic	•	281. LOCATION City or Town	Street and Numb , State)	er or Rural	Route Number,
E	29a. CERTIFIER		The second second second					
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination							(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
) BE	hull the	MD		17271	23	•	1110	192
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	s, Print)	1				
	Judgh Minkous 11E.		trut w	ull La	Dei,	. Kusto	سامر	mo 21136
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	andell						



BALTIMORE, MARYLAND 21215-0020 The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION ON ITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING STORMS THE INVESTIGATION OF STREAM OF STORMS AND	

	1 - FOR STATE REGISTRAR		ARYLAND / DEPAR CERTIF	ICAT	T OF HEALTI	H AND I		HYGIENE REG. NO.	9-2	0!	000
	1. DECEDENT'S NAME (First, Middle, Las. Scofield,	Samuell	a				2. DATE OF MONTH	DEATH DAY		EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 14 68 4262	1 🗆 M 2 💢 F	33 YRS.	IF UNDE	DAYS HOURS	ER 24 HRS.	7. DATE OF (Month, D	BIRTH	1,0.		ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, given the property of t	e street and number)		96. CITY	the me	TION OF DE			9c. COUNTY	OF DEAT	TH /
DIRECTOR	100. STATE 10b. COU	ITY	10c. CIT	Y, TOWN	OR LOCATION		0			10	d. INSIDE CITY
	100. STREET AND NUMBER		A	BAL	TIMORE C			1.	10- CITIZEN		YES 2 NO
FUNERAL	1123 TIFFANY	COURT				21201			iog. Citizei		ISA
B	11. MARITAL STATUS 1 Very Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAS	YES 2 NO	NO If yes, specify Cuben, Maxicer			en, Puerto Rican, etc.) Black Speci				American Indian, /hite, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT us	USUAL O work done se retired.)	CCUPATION during most of work	sing	18b. Kii	NO OF BUSIN	IESS/INDUS		KIW
OM	17. FATHER'S NAME (First, Middle, Last)		HOM	EMAK		THER'S NAI	ME (First, Midd	lla Maiden Su	mama!		
BEC	SAMUEL SCOFT	ETD				MAR	IAN HE	ERNDON	i		
2	19a. INFORMANT'S NAME (Type/Print) MAUREEN LECOU	\FT'			S (Street and Numb				State, Zip Co	de)	
	20e. METHOD OF DISPOSITION 1 National 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE of cemetery, cremetory or of ARBUTUS	OF DISPOS	SITION (Name of	AVICE P	OATE	20c. LOCAT	TION — City		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	I ARBUIUS I	22.	NAME AND AGOR					COUNT	Y,MD.
CENTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	HISTS OF METAL IN AS A CONSEQUENCE OF	-):	ues, l	wes	fai	lue			
CAL CEL	PART II. Other significant condition	ons contributing to de	eath but not reaulting i	in the un	derlying cause	givan in I	Part i. 24	. WAS AN AU			RE AUTOPSY FINDINGS
TILISICIAIN. MEDI							1	YES 2	(NO	OF	MPLETION OF CAUSE DEATH?
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	28. PLACE OF	DEATH (Che	ck only one)				
	1 YES 2 506 27. MANNER OF DEATH 1. Neturel 5 Pending			4 🗆 Nun	28c. INJURY AT WORK?			BE HOW INJU	JRY OCCUR	ED	
	2 Accident Investigation 3 Suicide S Could not b 4 Homicide datermined	280 DI ACE OF H	NJURY — At home, term, a. (Specify)		1 YES 2	JNO	281. LOCATIO City or To	ON (Street and own, Stete)	Number or F	Rural Floute	Number,
COMPLETED.	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my	knowladge, death occurre	od at the ti	me, data and piec	, and dua t	to the cause(e	place, and de	r se stated.	use(e) an	d menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFI	M.D. H	meesluft 1	lexy	29c, LIC	ENSE NUM	BER	25	DATE SIG	GNED (MO	nth, Day, Year)
	31. DATE FILED (Month, Day, Year)	V 4.0. BOT	Pratter.	Print)	Mercy 1	ladie	alce	nter.			
	JAN 2 0 1992	Sulia Davids									
											DHMH-16 Rev 1/6

